

Inflammatory Bowel Disease

Case Study

The patient is an 11-year-old girl who has been complaining of intermittent right lower quadrant pain and diarrhea for the past year. She is small for her age. Her physical examination indicates some mild right lower quadrant tenderness and fullness.

Studies	Results
Hemoglobin (Hgb),	8.6 g/dL (normal: >12 g/dL)
Hematocrit (Hct),	28% (normal: 31%-43%)
Vitamin B ₁₂ level,	68 pg/mL (normal: 100-700 pg/mL)
Meckel scan,	No evidence of Meckel diverticulum
D-Xylose absorption,	60 min: 8 mg/dL (normal: >15-20 mg/dL)
	120 min: 6 mg/dL (normal: >20 mg/dL)
Lactose tolerance,	No change in glucose level (normal: >20 mg/dL rise in glucose)
Small bowel series,	Constriction of multiple segments of the small intestine

Diagnostic Analysis

The child's small bowel series is compatible with Crohn disease of the small intestine. Intestinal absorption is diminished, as indicated by the abnormal D-xylose and lactose tolerance tests. Absorption is so bad that she cannot absorb vitamin B₁₂. As a result, she has vitamin B₁₂ deficiency anemia. She was placed on an aggressive immunosuppressive regimen, and her condition improved significantly. Unfortunately, 2 years later she experienced unremitting obstructive symptoms and required surgery. One year after surgery, her gastrointestinal function was normal, and her anemia had resolved. Her growth status matched her age group. Her absorption tests were normal, as were her B₁₂ levels. Her immunosuppressive drugs were discontinued, and she is doing well.

Critical Thinking Questions

1. Why was this patient placed on immunosuppressive therapy?
2. Why was the Meckel scan ordered for this patient?
3. What are the clinical differences and treatment options for Ulcerative Colitis and Crohn's Disease? (always on boards)
4. What is prognosis for patients with IBD and what are the follow up recommendations for managing disease?