

A case report: A patient with Crhon's disease clinically characterized by refractory digestive tract bleeding and serious hypo-albumin

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Introduction

Crhon's disease is a kind of autoimmune diseases mainly occurring in digestive tract, which is still difficult to be treated due to its prolonged and refractory characteristic. CD is Clinically characterized by various manes fictions, including abdomen pain, diarrhea, abdominal mass, fistula, etc. Usually it is difficult to make a precise diagnosis, especially when it occurred within small intestine.

Case report

A 30 years old young man was brought to department of gastroenterology because of refractory black stool for 6 years. The patient had black solid stool, 150g/d, accompanied with dizziness, palpitations and weak. but without abdomen pain, abdominal distension,vomit and mucopurulent bloody stool. The patient was brought to hospital for several times and was treated as digestive tract bleeding. But the location and reason of bleeding was unclear. He was examined by gastric and colon endoscopy but had no precise diagnosis, even under the small intestine endoscopy and pathological analysis. CT examination only show light degree distension of transverse colon.

PE: T 36.7°C P 105/min R 20/min BP 102/50 mmHg ° mmH
Serious anaemia appearance, with no obvious abnormal appearance in heart, lung and abdomen. There was serious edema in his lower trunk.

Helpful Examination

serum potassium 3.00 mmol/L,Serum albumin17.7 g/L,C reaction protein 29.75 mg/L, folic acid 25.20 nmol/L, Vitamin B12 180.0 pmol/L. The antibodies against CMV, EB were negative, as well as T-spot (Figures 1-3).

Treatment

The patient was treated with thalidomide. He was transferred with red blood cells to revise his serious anemia, with albumin to revise serious hypo-albumin, as well as diuretic therapy, nutrient support in vitro.

After several weeks 'treatment, the patient's symptoms remarkably improved or disappeared. He had no abdomen pain, abdomen distension, black stool, and no edema of lower limbs, with HGB 81g/L, ALB 29.5g/L,and CRP 22.9mg/L.

Discussion

Digestive tract bleeding is not a usual symptom of CD. In our case report, the patient went into hospital for several times due to

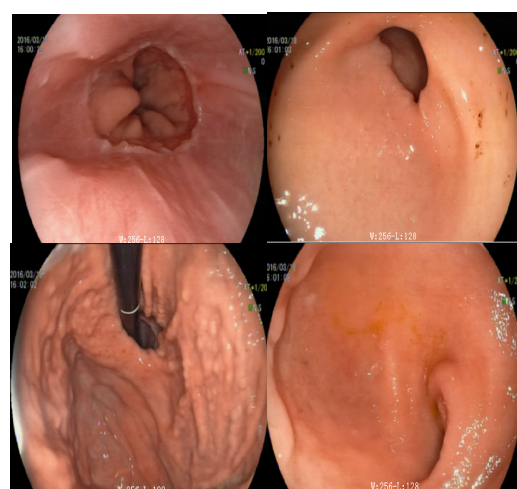


Figure 1. Esophagitis (fungus) Multiple aphthous lesions mul (polyus?), Duodenal bulb inflammation

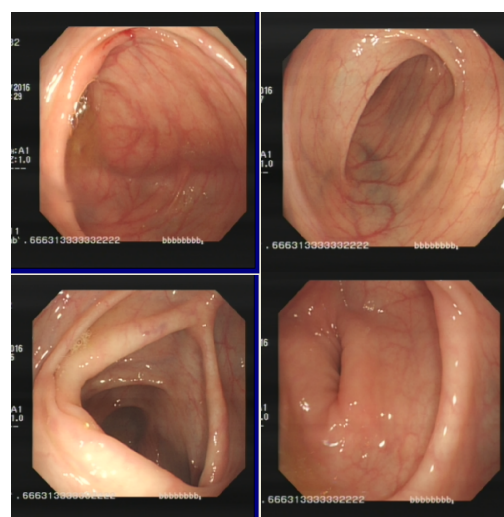


Figure 2. Colon endoscopy: sigmoiditis

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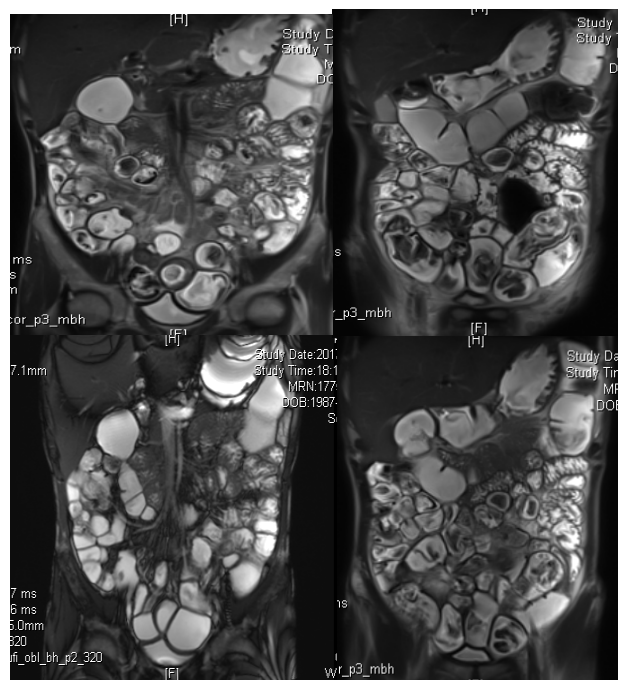


Figure 3. MRE; the ileum many Segmental thickening and abnormal strengthening, Conhon Disease. Between the midriff intestinal canal abnormal signal nodule, considering as swollen lymph nodes

this symptom, accompanied with serious low serum albumin. Usually black stool suggests that some disease in the upper tract, firstly we examined the patient by gastro-endoscopy but found no lesions which could explain the black stool. Then we check him by colon endoscopy. Unfortunately, nothing again. The patient has been examined at another hospital by small intestine endoscopy, which show chronic inflammation and erosion, polyp in the small intestine. MRE is a new technique helping to show the details in small intestine. MRE clearly show the lesions in the patient's small intestine, characterized as CD.

On the other hand, the patient shows serious serum hypo-albumin, probably resulted from the disease activation and the loss from the digestive tract. Positive nutrient support is essential for his recovery.

Furthermore, continuous and regular treatment with immune-depress drug is essential for the control and recovery of CD. In our case report, the patient did not fellow his doctor's treatment to use thalidomide. Immune-depress drug can suppress the activation of this kind of disease, and the digestive tract bleeding as well.

Conclusion

When meeting with unexplained anemia and hypo-albuminemia, we should think about CD, and when gastro-endoscopy and colon-endoscopy could not show the obvious changes in the upper and lower intestine, the disease in small intestine should be considered.