

# Review of: "Crohn's Disease Presenting As Acute Abdomen: A Case Report"

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The authors mentioned in the abstract section that the patient was diagnosed with intestinal obstruction while in case presentation the authors did not mention that the patient suffered acute intestinal obstruction unless the authors considered his complaint of abdominal distension and vomiting are diagnostic of acute intestinal obstruction , there was no absolute constipation , there was normal intestinal sounds and no radiological signs by CT or ultrasound confirmed the diagnosis of acute intestinal obstruction and they only showed radiological signs of bowel wall inflammation with mildly enlarged reactive lymph nodes .

The authors mentioned that the patient underwent surgical exploration after the symptoms subsided and a portion of bowel was excised . So what was the indication of surgery at that time ? after resolution of symptoms and clinical improvement . Surgery indications in patients with Crohn's disease include patients with intestinal obstruction , peri intestinal abscesses , fistulas , perianal disease , toxic megacolon ,no improvement after medical therapy and suspect underlying neoplasia transformation , but the patient according to case presentation showed no clear indication for surgery as he was improved on medical therapy and showed no any of aforementioned complications . Surgery was not a cure of disease since about 60 % of patients may suffered recurrence within a period of 10 years .

Also the patient was considered as highly suspect of Chron's disease based on the history of vague abdominal pain and the presence of intestinal wall active inflammation in absence of laboratory evidence of infection , while in spite uncommon patients may suffered infectious enterocolitis with normal stool culture , normal leucocytic count and can be improved on antibiotic therapy . Also bowel wall enhancement in CT is not specific for Crohn's disease but suggest an active inflammation or reperfusion of an ischemic bowel segment .

Neither CT report or ultrasound mentioned which part of bowel was affected as each part of bowel with inflammatory wall changes can have its own differential diagnosis , for example duodenum inflammation can be commonly caused by reactive inflammation subsequent of pancreatitis or infection with helicobacter pylori , jejunum inflammation can be due to helicobacter pylori , non specific jejunitis or Chron's disease and so on ...

Ultrasound examination can give specific ultrasound signs which help in confirming the diagnosis of Crohn s disease , such as transmural changes , transmural ulceration , skip lesions, the presence of peri intestinal abscesses ,fistula and sinuses , as well as MRI may show similar wall changes which are in favor of CD diagnosis .

In references section :- No need for repetition of the year after authors name and before the journal volume .

