

Question 13 – October 30

A 33 year old male with a history of prior duodenal ulcers around 5 years ago found on upper endoscopy done for abdominal pain then, is here to re-establish care after being lost to follow-up. He was being treated with Omeprazole 40 mg twice daily by his PCP with no relief. He has not been using NSAIDs. He has severe nausea and vomiting with PO intolerance. Repeat endoscopy showed multiple ulcerated strictures in the duodenum. The duodenal biopsies showed chronic active duodenitis with focal gastric metaplasia, mucosal ulceration, crypt abscesses and architectural distortion. His serum gastrin level was 48 pg/mL (normal).



The most likely diagnosis is:

- A. Crohn's disease
- B. Zollinger-Ellison Syndrome
- C. NSAID related strictures
- D. Celiac disease

Answer: A

Though all of the conditions mentioned are in the differential based purely on histopathology, the history of no NSAID use, normal serum gastrin level and endoscopic findings of multiple ulcerated concentric strictures are most consistent with Crohn's disease.

References

Diaz L, Hernandez-Oquet RE, Deshpande AR and Moshiree B. Upper Gastrointestinal involvement in Crohn's disease: Histopathologic and Endoscopic Findings. South Med J. 2015; 108: 695-700