

Question 8 – Week of January 30

35 year old gentleman with a known history of fibrostenosing Crohn's disease. He underwent an ileal resection 15 years ago, and presents with persistent anemia and intermittent abdominal pain. Laboratory studies revealed a hematocrit of 32 and marked iron deficiency. Traditional endoscopy and colonoscopy were unrevealing. A capsule endoscopy was performed. Figure 1 reveals:

- A. NSAID associated enteropathy
- B. Anastomotic IBD recurrence
- C. CMV enteritis
- D. Yersinia enteritis

Figure 1:



Answer: B

The capsule endoscopy image reveals discrete ulcers. Suture and staple materials are noted within the ulcers, suggestive that the image represents an anastomosis. Anastomotic recurrence is common in inflammatory bowel disease. Capsule endoscopy is extremely helpful for diagnosing anastomotic recurrence.

Reference:

Beltrán VP, et al "Evaluation of postsurgical recurrence in Crohn's disease: a new indication for capsule endoscopy?" *Gastrointest Endosc* 2007; 66: 533-540.