Gastric Crohns Disease

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Introduction

Crohn's disease is an idiopathic transmural, segmental inflammatory disease of the gastrointestinal tract mostly involving the small intestine, colon, and anorectal region. We report a very rare case of isolated gastric Crohn's disease.

Case Report

A 26-year-old African- American male was referred to the outpatient gastroenterology clinic for a complaint of worsening dyspepsia, nausea, and vomiting for a year. The patient received a 16-week course of pantoprazole with partial relief. The laboratory workup for the patient was negative. The upper endoscopy of the patient revealed gastritis in the antrum, body of the stomach (Figure.1) and a biopsy revealed non-caseating granuloma with giant cells. Helicobacter pylori test was negative and the serological test was negative for anti-saccharomyces cerevisiae antibody. The chest X-ray of the patient was normal. A barium follow-through and a colonoscopy of the patient were normal. After ruling out other causes of granulomatous gastritis a diagnosis of isolated gastric Crohn's disease was made. The patient was started on oral steroids and his dyspepsia completely resolved in the 3 months follow-up. A repeat endoscopy after 6 months revealed resolution of gastritis and a biopsy revealed no granulomas. The diagnosis of Crohn's disease in typical presentations is made based on a combination of clinical, laboratory, endoscopic and pathological findings. In our case, the patient had an atypical presentation and ASCA was negative. In such cases, other possible etiologies like Helicobacter pylori infection, tuberculosis, eosinophilic gastritis, sarcoidosis, and lymphoma must be ruled out for establishing the diagnosis.

Figures

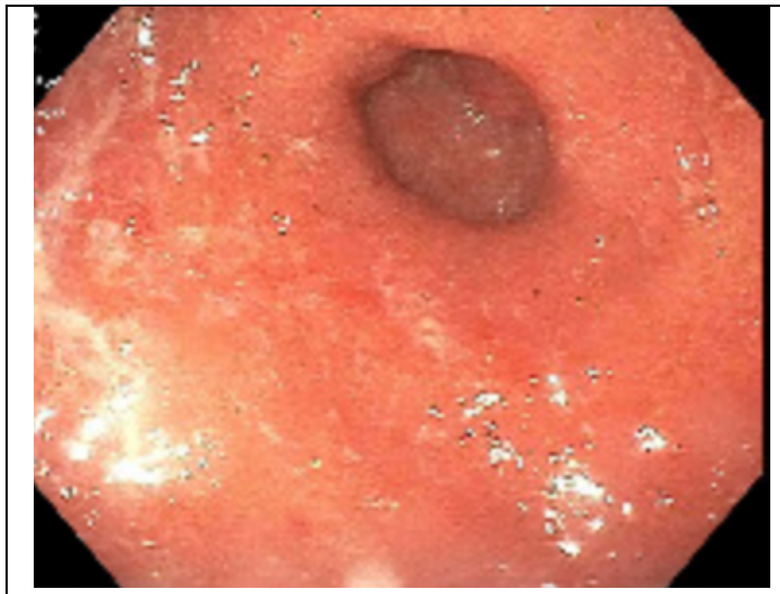

Figure. 1

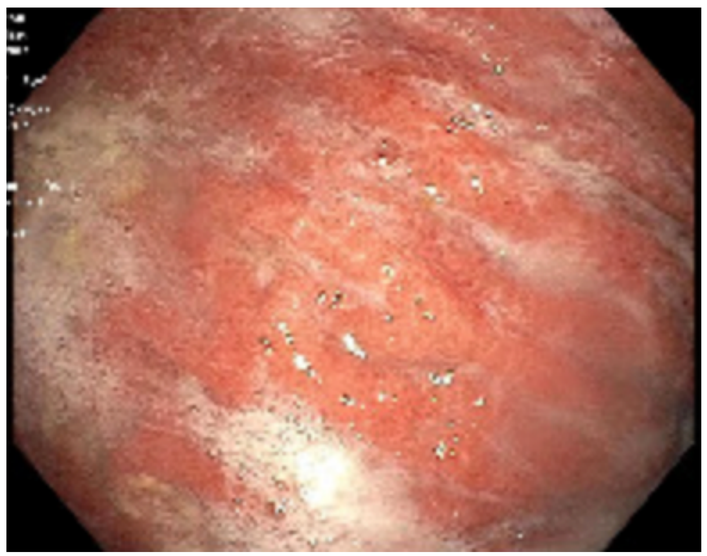

Figure. 2

Figure 1, 2 show diffuse inflammation of the gastric body and the antrum on endoscopy.

Discussion

Patients with GCD generally present with epigastric pain, nausea, and vomiting and an upper endoscopy generally show diffuse inflammation and granular lesions. It is important to keep GCD as a differential diagnosis for young patients who present with dyspepsia-like symptoms and don't respond to proton pump therapy.

References

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