



## Introduction

- Inflammatory bowel disease (IBD) and diverticular disease have many overlapping sequelae.
- Our patient was a challenging case of IBD that originally presented as complicated diverticular disease.
- We have highlighted the diagnostic and management considerations.

## Case Description

- A 75-year-old female without personal or family history of IBD presented in June 2021 with abdominal pain and fever. She was diagnosed with uncomplicated diverticulitis and treated with antibiotics.
- She recovered but presented again in July 2021 with worsening abdominal pain and bloody diarrhea. She was found on imaging to have a colonic perforation and abscess. She was taken for a Hartmann procedure with sigmoidectomy and colostomy formation, with surgical pathology suggestive of acute diverticulitis.
- Afterwards, the abdominal pain and bloody ostomy output continued.
- She presented to our medical center in September 2021.

- Evaluation through the stoma showed deep ulcerations and spontaneous friability, concerning for IBD (Figure 1).



Figure 1. Colonoscopy images from September 2021.

- We started her on steroids while inpatient, but she proved refractory. We then offered rescue infliximab, after which her symptoms and lab work improved.
- She was maintained on infliximab with therapeutic drug monitoring. Before repeat endoscopic evaluation however, she presented again to the hospital with abdominal pain. Imaging showed perforation and associated abscess.
- She underwent a completion subtotal colectomy, extensive lysis of adhesions and received an end ileostomy.
- Pathology showed severely active chronic pancolitis with ulceration.
- She currently is in clinical remission, though she has not returned on any IBD therapy after extensive discussion.



Figure 2. Images of patient's stomas throughout her course. A) Colostomy stoma at first presentation to our hospital with signs of inflammation and friability. B) Colostomy stoma during attempted salvage therapy. C) Ileostomy stoma after subtotal colectomy, healthy appearing.

## Discussion

- Complicated diverticulitis has overlapping features with IBD. However, it is less prevalent in the IBD population.
- Endoscopic evaluation was important in understanding the presence of IBD in this patient.
- The rate of intra-abdominal abscess in Ulcerative Colitis (UC) is low but has been described. In one single center analysis, the rate of intra-abdominal abscess in UC vs Crohn's disease was 0.8% vs 2.4%, respectively.
- After surgical recovery, we will plan for small bowel evaluation to further delineate the extent of inflammation in this patient.

## References

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