Images in clinical medicine. Crohn's disease

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A 33-YEAR-OLD WOMAN WHO HAD HAD CROHN’S DISEASE FOR MANY years reported the development of dull pain in the left lower back, which was associated with sporadic episodes of fever (>38.5°C), during the previous seven months. She had been treated with azathioprine (2 mg per kilogram of body weight) for one year but had discontinued therapy six months before the onset of symptoms. A colonoscopy showed a tight stricture in the descending colon, and a barium enema study revealed a sinus tract associated with the stricture in the descending colon and another stricture in the transverse colon (Panel A; arrowhead points to sinus tract). A computed tomographic scan demonstrated a blind sinus tract and abscess (Panel B; arrowhead points to the fistulous tract; note nearby gas in abscess), which was the cause of the dull back pain. A laparoscopic subtotal colectomy was performed to remove the diseased colon, and an ileosigmoid anastomosis was created. The postoperative course was uneventful. Three months later, intestinal function was normal, with one to two bowel movements per day.

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