LETTER TO THE EDITOR

Bowel sonography in occlusive Crohn’s disease

Dear Editor,

A 28-year-old woman with a history of recurrent abdominal pain was urgently admitted to our Hospital because of intestinal occlusive symptoms. A plain film of the abdomen was performed and multiple air-fluid levels in the small bowel were evident.

On admission, the patient underwent bowel sonography examination; this showed the presence of a strictureing terminal ileitis (bowel wall thickness of 8 mm) with severe concurrent dilation of the pelvic and proximal ileum (maximum diameter 6 cm). The procedure was performed by using a logiq 7 pro with linear and convex probes (from 5 to 10 MHz), without special bowel preparation. According to the sonographic findings, and in view of the diagnostic suspicion of Crohn’s disease, the patient was put on bowel rest and total parenteral nutrition. A course of steroids (prednisolone 40 mg i.v. once a day) and antibiotics (metronidazole 250 mg i.v./t.i.d.) was also prescribed. On day 7, after an initial improvement of symptoms, the patient experienced further episodes of abdominal pain and distension with bowel ultrasound confirming the presence of severe small bowel distension (maximum diameter 7.5 cm) associated with the ileal stricture.

After the abovementioned investigation, the patient underwent surgical intervention, which validated the sonographic findings (Figs. 1 and 2). On surgery, the stricture at the terminal ileum was identified and resected with the construction of an ileo-ascending colon side-to-side anastomosis. The diagnosis of Crohn’s disease was confirmed on histological examination. At present, the patient is doing well on azathioprine therapy.

Figure 1  Small bowel distension: sonographic and surgical findings.

Figure 2  Ileal stricture: sonographic and surgical findings.
Bowel sonography allows the visualization of the inflamed and thickened bowel wall and, as a result of its safety, accuracy and acceptable costs, it has been utilized in the diagnostic work-up of Crohn’s disease patients for almost ten years.\(^1,2\) Previous reports have shown its effectiveness in detecting the stricturing complications of the disease with a diagnostic accuracy \(>90\%\),\(^3,4\) making this procedure a valuable first choice examination in patients with obstructive symptoms. In our opinion the present case and the relative images confirm these considerations and provide further evidence for the diagnostic power and utility of bowel sonography in the work-up of Crohn’s disease.

References