



Stump Dilatation after Ileocolic Resection in Crohn'S Disease

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Abstract

Ileal stump dilatation is very rare. We present a patient who presented a calcified mass in right lower quadrant that looked like an intraabdominal foreign body.

Keywords: Stum dilatation; Bezoar; Crohn 's disease

Introduction

Ileal stump dilatation after ileocolic resection with side to side anastomosis is really rare [1-3]. We present a case report which ileal stump presents inside a bezoar [4].

Clinical Image

A 39 year-old woman underwent an ileocolic resection for appendicitis involving ileum and cecum with intraoperative suspicion of Crohn 's disease ten years before. The reconstruction was made side to side anastomosis.

The anatomopathological findings were compatible with Crohn's disease.

She consults emergency service for abdominal pain, nausea and emesis. Her abdomen is lightly distended and with a mass in right lowers side. Laboratory workup was normal. Abdominal radiography showed in the right side a zone with increased density that we could see retrospectively in other radiography three years ago. CT scan showed a concentric calcified lesion in right lower quadrant approximately with 8 cm, 7 cm x 4 cm, 5 cm that force us to discard an intraabdominal foreign body because it seems outside of intestinal tract (Figure 1). Three years before, the last colonoscopy didn't report the existence of large ileum blind intestinal loop. During the exploratory laparoscopy we found a big ileal stump dilated with hard consistency and increased vascularization because chronic inflammation. We cut the ileal stump preserving the old anastomosis with endo GIA. The specimen opened presented a rock-hard mass compatible with ileal bezoar (Figure 2).

Conclusion

A bezoar in small intestine affected by Crohn's disease appears to be very rare, but sometimes can cause a small bowel obstruction. Ileal stump dilatation is a rare find. Maybe, in this case is due to excessive length of ileal stump, but it is impossible to be sure. We have to remember the possibility similar compress and bezoar image.

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Figure 1: Outside of intestinal tract.



Figure 2: Rock-hard mass compatible.

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