

## **PS2.148**

### **Not just a simple pain**

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**Background & Aim:** A 29 year-old woman is attended by her general practitioner due to abdominal pain and non-bloody diarrhea of one month of evolution. Nourinary associated symptoms. No fever. Medical history: two normal childbirths. Actually in treatment with oral contraceptives. In the last 3 days the pain has increased and in clinical examination the pain is located in hypogastrium with no signs of peritoneal irritation. No amelioration with analgesic. Then she visits an emergency doctor who decides her hospitalization and more testing.

#### **Method:**

Stool culture: habitual microflora.

Thorax X-Ray: normal.

Colonoscopy: colon and ileum dispersed ulcers with fibrin exudate.

Pathological anatomy: unclassified colitis.

Abdominal scan: colon and distal segment of ileum wall thickening.

The pathology report on the surgical specimen (subtotal colectomy with ileostomy): transmural inflammation, deep ulceration, fissuring. No granuloma. Patchy involvement.

Serology: HIV, hepatitis C and B, EBV-ZVZ negative.

Viral load hepatitis B: undetectable.

**Results:** Diagnosis: ileocolic Crohn's disease

Differential diagnosis: ulcerative colitis, appendicitis, intestinal tuberculosis, yersiniosis, lymphoma, carcinoid tumors, amyloidosis, actinomycosis, histoplasmosis, giardiasis, amebiasis, celiac disease, diverticulitis.

**Conclusions:** The main symptoms of Crohn's disease may be confused with other conditions. These patients require long-term therapy and physician follow-up to treat symptoms, minimize complications of the disease, and avoid side effects due to therapeutic interventions. They need to take medications chronically with close follow-up with their habitual doctor. However, non adherence can have a serious impact on morbidity and mortality in patients with Crohn's disease. This case has a poor prognosis for the extent of disease and the age of the patient, as well as the radicality of the surgery.