v. 2, n. 64, 2022

International Journal of Health Science

ANAL STENOSIS SIMULATING ANORETAL TUMOR AS THE FIRST MANIFESTATION OF CROHN'S DISEASE: CASE REPORT

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Abstract: Introduction: Crohn's disease (CD) has a median age at diagnosis of 29.5 years and only 5% of cases are diagnosed from intestinal strictures. These are less frequent than fistulas and, when they do occur, are more frequent in the ileum and less frequently in the colon. **Case report**: A 50-year-old male patient complained of progressive constipation, anal pain, increased defecation effort and hematochezia. During an outpatient investigation, in 2016, he underwent colonoscopy, which showed low rectal stenosis, insurmountable by the device. In a new attempt at colonoscopy in 2017, additional ulcerated lesions were described at the anal margin associated with stenosing fibrosis that prevented the device from progressing, marking the beginning of suspected anorectal tumor. However, the anatomopathological examination showed no signs of malignancy. With the worsening of the symptoms, he was referred to Coloproctology in 2019, due to the suspicion of neoplasia. Examination under narcosis was indicated for anal dilatation and collection of anatomopathological material. The new anatomopathological examination showed that the elevated lesion was a fibroepithelial polyp, while the examination of the rectal mucosa showed an intense chronic inflammatory process with fibrosis and crypt microabscesses suggestive of IBD. **Discussion**: Although IBDs can occur at any age, CD is usually diagnosed between the ages of 15 and 35. It is also noteworthy that the main symptoms of Crohn's disease are diarrhea, abdominal pain and weight loss, with stenosis being the cause of diagnosis in only 5% of cases. Faced with advanced age, changes in bowel habits, obstructive symptoms and weight loss, the differential diagnosis with anorectal neoplasia is essential. **Conclusion:** The diagnosis of stenosing IBDs must be kept in mind as a differential in the face of obstructive symptoms, even in patients

with epidemiology and clinics compatible with neoplasia, to avoid delaying treatment and its complications.

Keywords: Crohn's disease; Symptomatology; intestinal stenosis.

INTRODUCTION

Crohn's Disease (CD) has a median age at diagnosis of 29.5 years and only 5% of cases are diagnosed from intestinal strictures, according to Rieder et al (Gastroenterol., 2017, v.152(2):): 340-50). These are less frequent than fistulas and, when they do occur, they are more frequent in the ileum and less frequently in the colon (RIEDER et al, Gut, 2013, v. 62(7):1072-84). A late and infrequent presentation of CD is reported.

CASE REPORT

A 50-year-old male patient complained of progressive constipation, anal pain, increased defecation effort and hematochezia. During an outpatient investigation by the medical clinic, in 2016, he underwent colonoscopy, which showed low rectal stenosis, insurmountable by the device. In a new attempt at colonoscopy in 2017, additional ulcerated lesions were described at the anal margin, with hardened edges, associated with stenosing fibrosis that prevented the device from progressing, marking the beginning of suspicion of anorectal tumor. However, the anatomopathological examination showed no signs of malignancy. With worsening of constipation, pain when defecating, melena and with weight loss of 10% in 1 year, he was referred to Coloproctology in 2019, due to suspicion of neoplasia. Examination under narcosis was indicated for anal dilatation and collection of anatomopathological material. He had rectal stenosis 3 cm from the anal border, with an elevated lesion in the distal anal canal and hardened perianal skin with signs of infiltration with an inflammatory aspect. The new anatomopathological examination showed that the elevated lesion was a fibroepithelial polyp, while the examination of the rectal mucosa showed an intense chronic inflammatory process with fibrosis and crypt microabscesses suggestive of IBD. At this moment, treatment for CD was started with Infliximab and Azathioprine, with subsequent improvement of the macroscopic appearance of the perianal lesion and reduction of symptoms. The patient maintains outpatient follow-up for digital dilation or periodic instruments with good clinical evolution.

DISCUSSION

Although IBDs affect any age, CD is usually diagnosed between 15 and 35 years old, unlike the case, whose obstructive symptoms started at 45 years old. It is also noteworthy that the main symptoms of CD are diarrhea, abdominal pain and weight loss. However, perianal CD may be the initial manifestation, may be present in >40% of CD patients, and is more common in patients with colonic and rectal involvement. In some cases (≈5%), it may be an isolated form of the disease (SCHWARTZ et al, Inflamm Bowel Dis, 2019, v.25:1773-79). Given age, changes in bowel habits, obstructive symptoms and weight loss, associated with evidence of a higher prevalence of anal cancer in CD, according to Devon et al (Dis Colon Rectum, 2009, v.52(2):211-6), ruling out an anorectal neoplasm was essential. After the absence of anatomopathological malignancy and inflammatory evidence, the diagnosis of CD with isolated anorectal stenosis, a subtype of difficult identification and management, was defined (LIGHTNER et al, Dis Colon Rectum, 2020, v.63:1639-47). In this case, epidemiology and clinic were dissociated from the expected anatomopathological result, which delayed the start of treatment and allowed the stenosis to worsen.

CONCLUSION

Thus, the diagnosis of stenosing IBDs must be kept in mind as a differential in the face of obstructive symptoms, even in patients with epidemiology and clinical signs compatible with neoplasia, to avoid delaying treatment and its repercussions on quality of life.

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