Jejuno-colonic fistula - an unusual initial manifestation of Crohn’s disease

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BACKGROUND

Crohn’s disease (CD) is a chronic inflammatory disease which can occur in all parts and layers of the gastrointestinal tract. Most often initial manifestations concern the terminal ileum. 5 to 10% of patients develop internal fistulae, very often ileo-sigmoid fistulae. In contrast, jejuno-colonic fistulae (JCF) are very rare. Segmental colectomy is a valid option for treatment in early stage of complicated of CD. An interdisciplinary collaboration is recommended to determine the treatment strategy and the timing of surgery.

CASE REPORT

We present the case of a 41-year-old male Portuguese patient, in usual good health, who was admitted to our institution, presenting 10 episodes of diarrhea per day, abdominal pain and 10 kilograms weight loss during the last six months. Endoscopic exams revealed Helicobacter Pylori gastritis, a stenosis in the mid-transverse colon (MTC) with an ulcer of 3 cm and an opening corresponding to a fistula (Picture 1). The gastritis was eradicated without any major benefit.

A CT-scan, MRI (Picture 2) and a gastrografin enema (GE) (Picture 3) confirmed a proximal jejuno-colic fistula and colonic stenosis.

Biopsies of MTC did not reveal any etiology such as neoplasia, inflammatory bowel disease, foreign body or tuberculosis. At exploratory laparotomy an inflammatory mass located at the left side of the MTC with intense adherence to the greater curvature of the stomach and the jejunum at 8 to 10 cm of Treitz’s flexure was found. Resection of singlebloc gastro-jejuno-colonic entity was completed. This was extended to a right colectomy owing to a 90° colonic rotation deficit. Latero-lateral iso-peristaltic anastomoses between the jejunal stumps and between the terminal ileum and the transverse colon were made. Histopathologic analysis of the resected tissue revealed complicated CD. Mesalazine was introduced and the patient has been followed as an outpatient. 2 months postoperative the patient was well and had gained 4kg of body weight.

DISCUSSION

In this patient, MRI and gastrografin enema confirmed the jejuno-colic fistula but the etiologic diagnosis of Crohn’s disease was only made after surgery. However, this interdisciplinary management allowed a one stage treatment for this patient. Interdisciplinary collaboration should be the gold standard in patients supposed to have complex CD.

REFERENCES

1. Levy C et al. Inflamm Bowel Dis 2002;82:106