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CROHN'S DISEASE LIMITED TO THE APPENDIX

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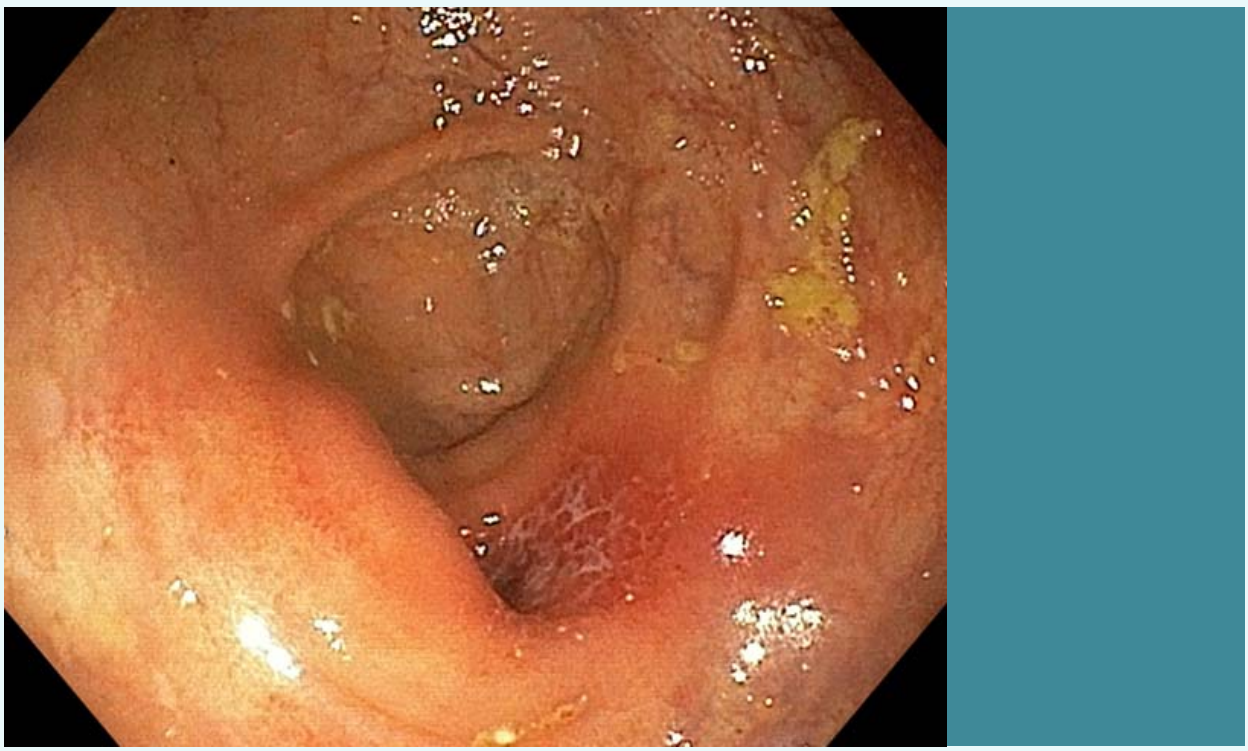


Figure 1. *Colonoscopy showing inflammation of the appendiceal orifice with reddish and friable mucosa and visible exudation from the appendiceal orifice*

Crohn's disease is a chronic condition that can involve any segment of the digestive tract, and is characterized by transmural inflammatory reaction and the appearance of noncaseating granulomas. Most commonly it affects the ileum and colon. Crohn's disease limited to the appendix is a rare entity, which can present clinically similar to acute appendicitis and can be confused with it. In part because of its low prevalence, cases of appendicular Crohn's disease are usually diagnosed after appendectomy, rarely being suspected clinically and by imaging investigations before surgery.

A 23-year-old man presented with chronic recurrent abdominal pain for approximately 2 months, located in the right hypochondrium and lower abdomen, associated with diarrhea (3-4 low-consistency stools per day, without blood, mucus or pus) and weight loss of about 3 kg.

INTERNAL MEDICINE

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Physical examination revealed no abdominal tenderness or signs of peritoneal irritation, and no extraintestinal manifestations of Crohn's disease.

Laboratory tests showed an elevated fecal calprotectin level, otherwise being within normal limits, including coproculture, coproparasitological examination, and tissue antitransglutaminase antibodies.

An endoscopy and a colonoscopy were performed and revealed no pathological changes except inflammation of the appendiceal orifice with reddish and friable mucosa with visible exudation from the appendiceal orifice.

The remainder of the cecum and terminal ileum appeared normal. Multiple biopsies were taken from the periappendiceal mucosa, cecum, and distal ileum. Abdominal computed tomography was performed which showed a tubular structure measuring up to 1.2 cm in diameter, with wall thickening, arising from the cecum. The patient underwent diagnostic laparoscopy followed by laparoscopic appendectomy.

The histological examination revealed granulomatous appendicitis with chronic transmural inflammation and noncaseating epithelioid granulomas, the patient being diagnosed with Crohn's disease isolated to the appendix. The postoperative course was not marked by complications, and the patient is asymptomatic to date, 6 months later.

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