

Case Presentations

Omolade Adegoke MBChB, FMCPATH

Department of Pathology

University College Hospital

Ibadan, Nigeria

Overview

- Inflammatory Bowel Disease is a serious gut disease with low reporting in Sub Saharan Africa
- The general belief is that this disease is rare in SSA but cases obviously exist and perhaps some are being missed.
- This may be as a result of inexperience on the part of pathologists and the multiplicity of intestinal infectious diseases that could obfuscate or mimic the appearance of IBD
- Will be discussing a few cases from our practice that illustrates this

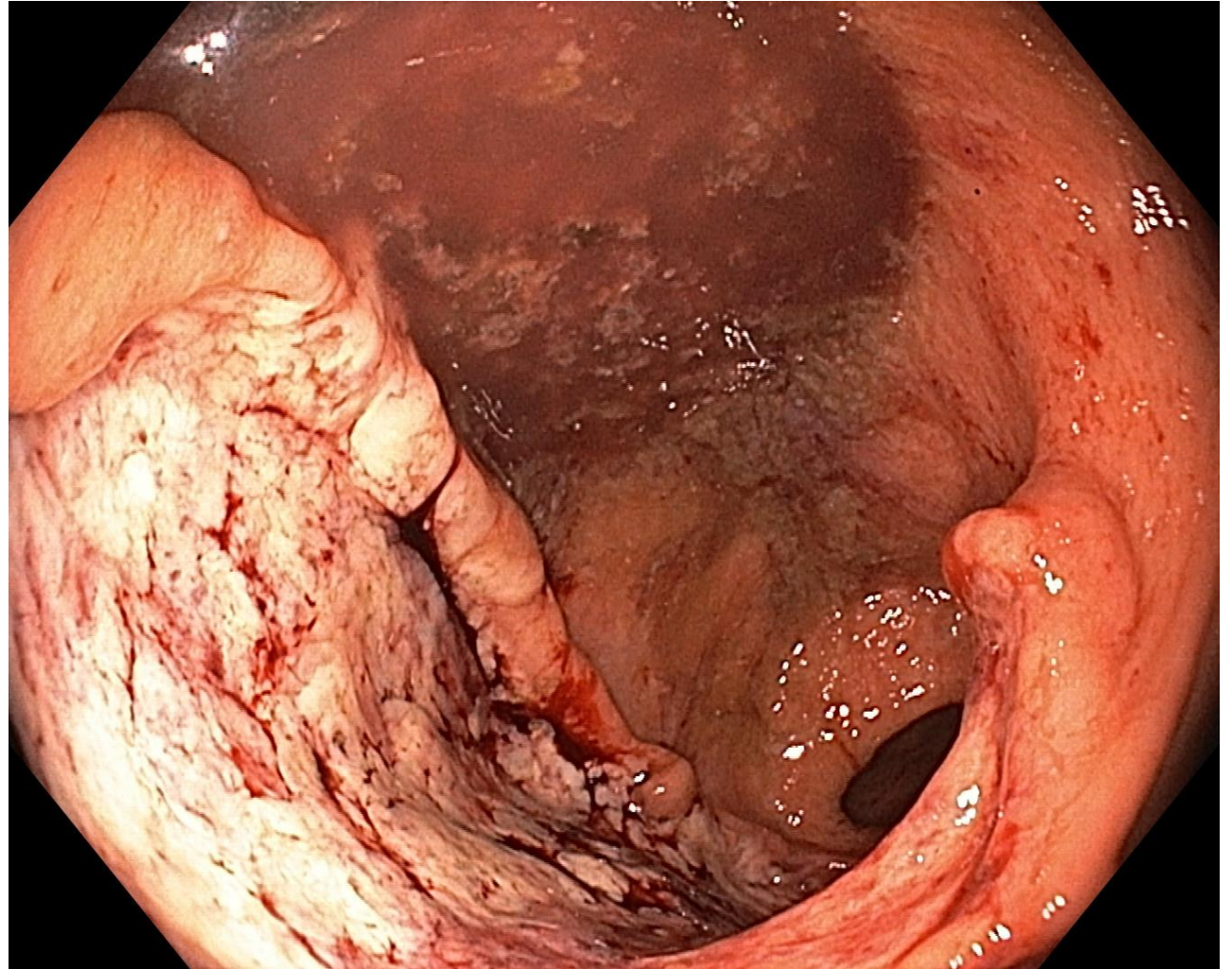
Case 1

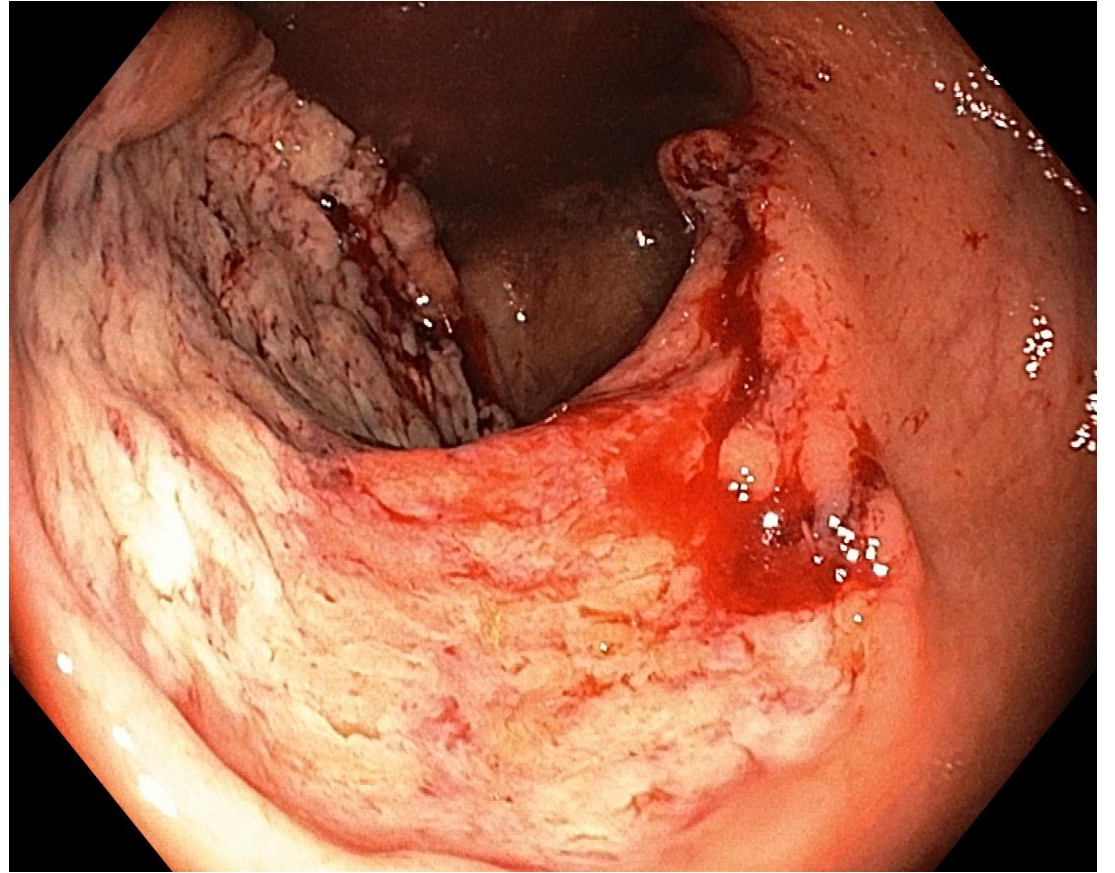
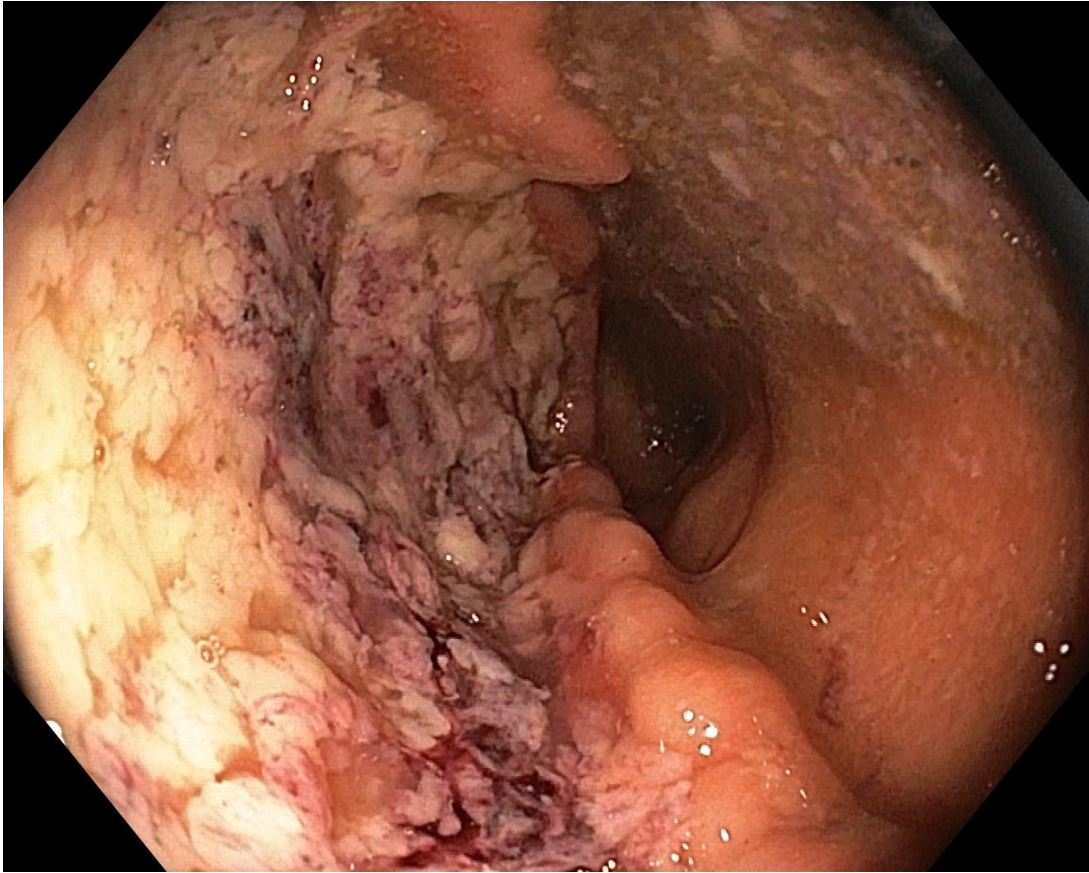
- A 17 year-old female patient presented with a year's history of passage of frequent small stool, which was pale/whitish, neither mucoid nor bloody. Had about 3-5 episodes/day. There was associated abdominal cramps. Had anal pain and rectal urgency. No fever. No anorexia, nausea or vomiting. There was history of progressive weight loss.
- On general examination, she was chronically-ill looking, wasted, pale, anicteric, has grade III finger clubbing, hydration status was fair, no pedal oedema.
- Systemic examination was unremarkable
- Vital signs: PR-100/min, BP-100/60 mm/Hg, RR-20 cycles/min

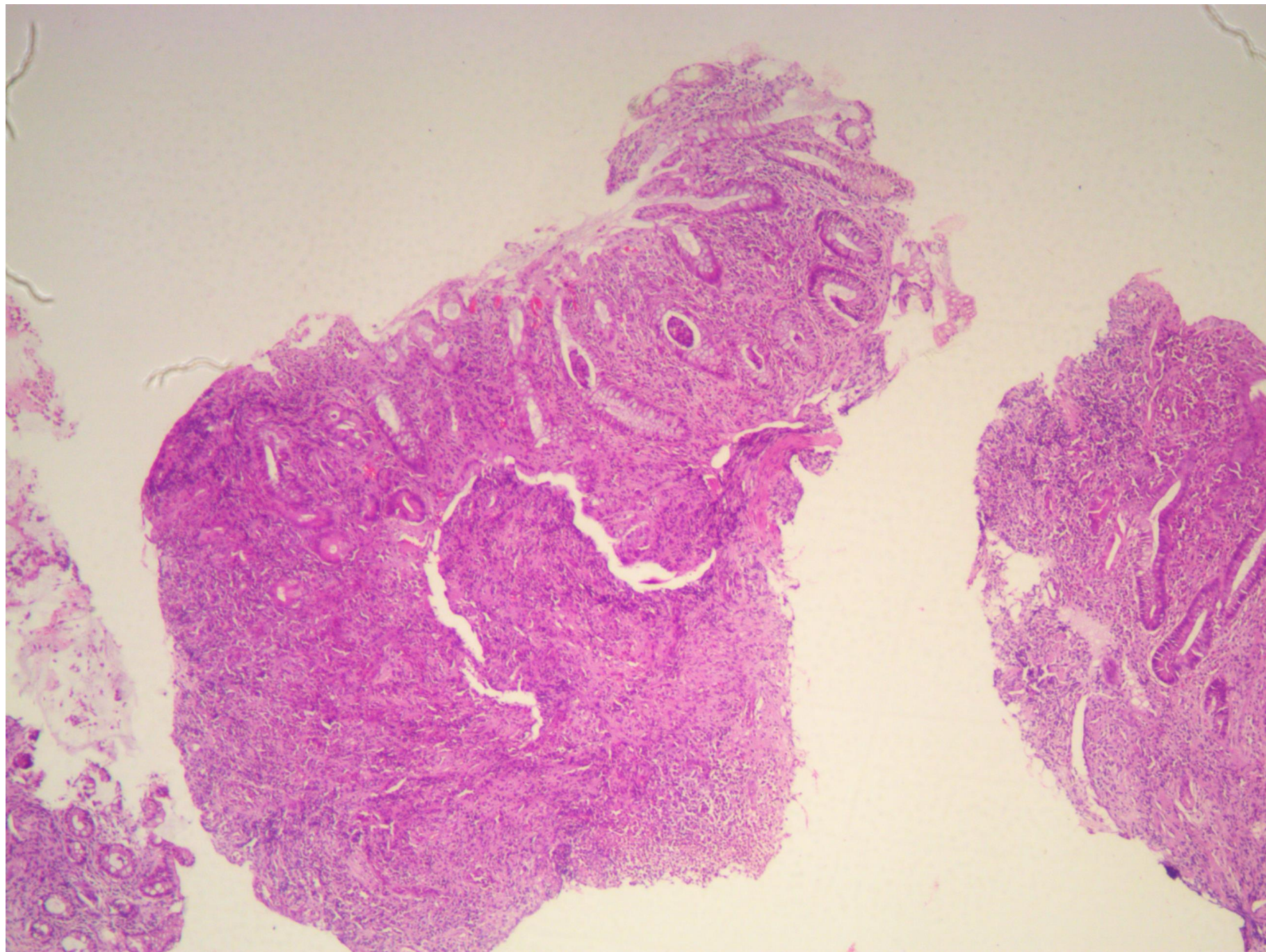
- Investigations:

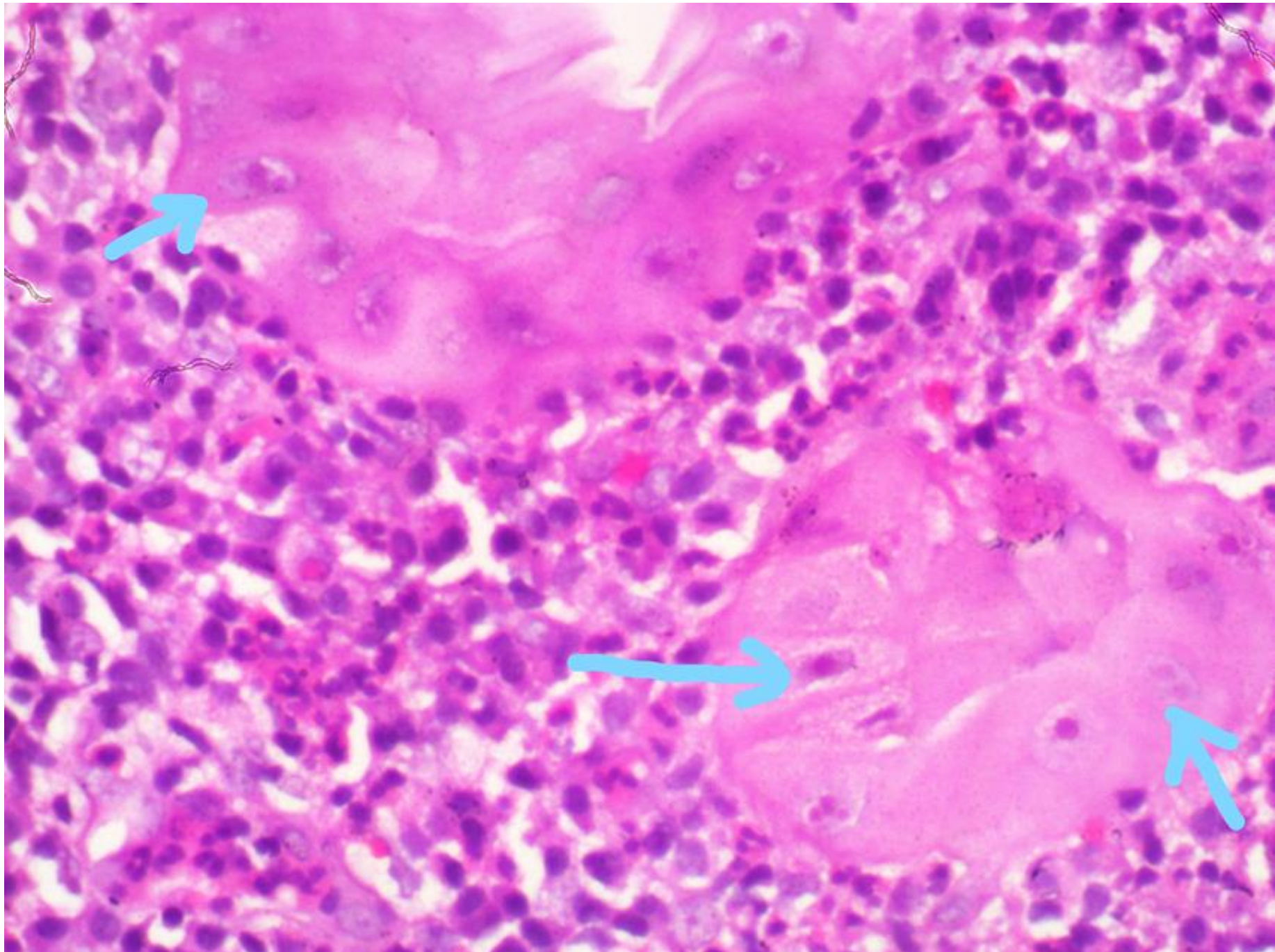
- FBC: PCV-29%; WBC- 7,000/l; Platelets- 668,000/l
- HIV – Negative
- E&U, Cr – Normal
- LFTs – hypoalbuminaemia
- Stool m/c/s- pus cells
- Abdominopelvic USS- Normal

Colonoscopy- multiple ulcers seen in the rectum. There was rectal stricture which prevented further advancement of the scope beyond the rectum









➤ Histology of rectal biopsy- Extensive ulceration, infiltration by neutrophils and chronic inflammatory cells. Epithelial and endothelial cells with large intranuclear inclusions in keeping with Cytomegalovirus Proctitis

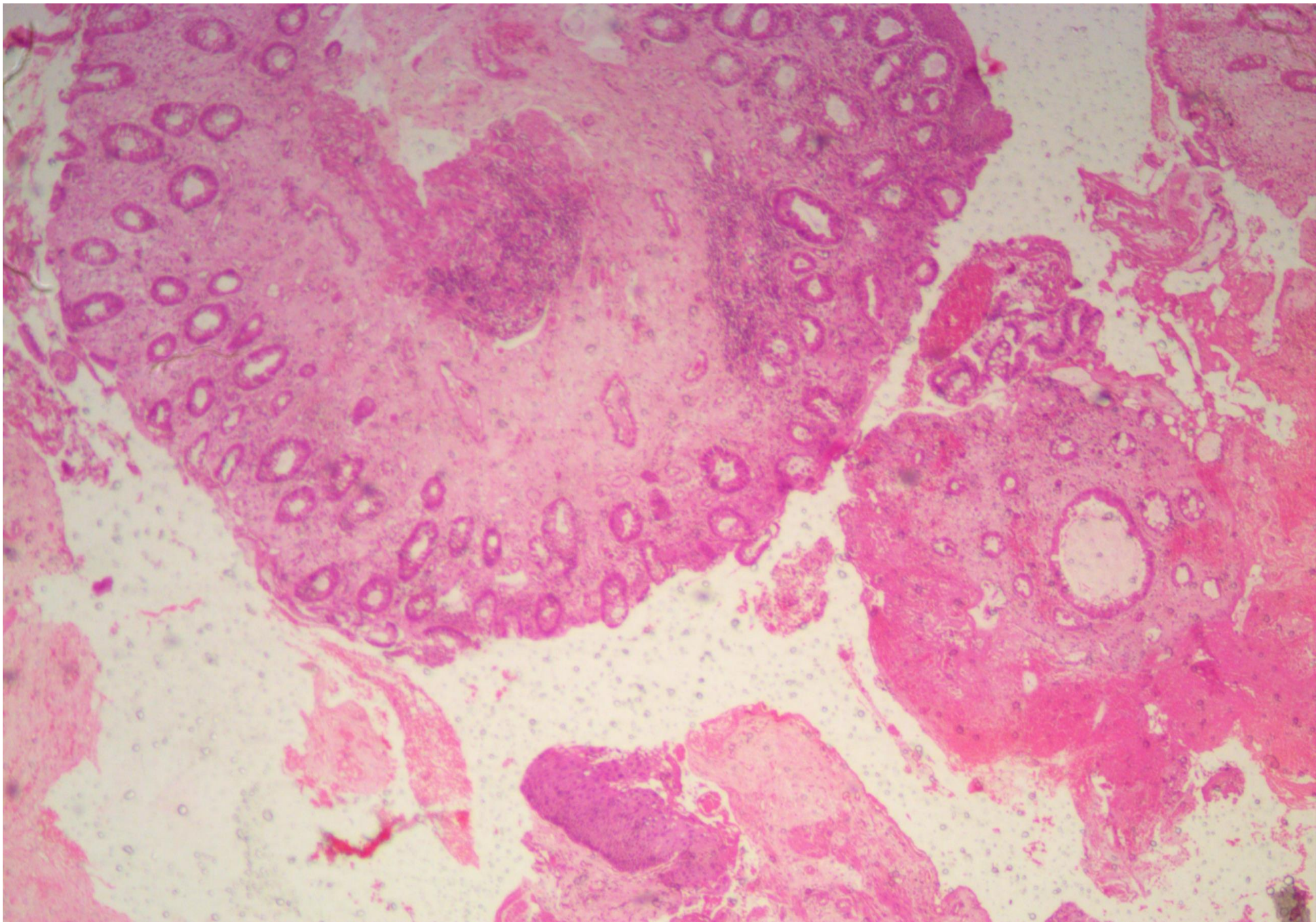
• Patient was commenced on Tab Valganciclovir 450 mg bd for 1 month (dose calculated based on body surface area and creatinine clearance)

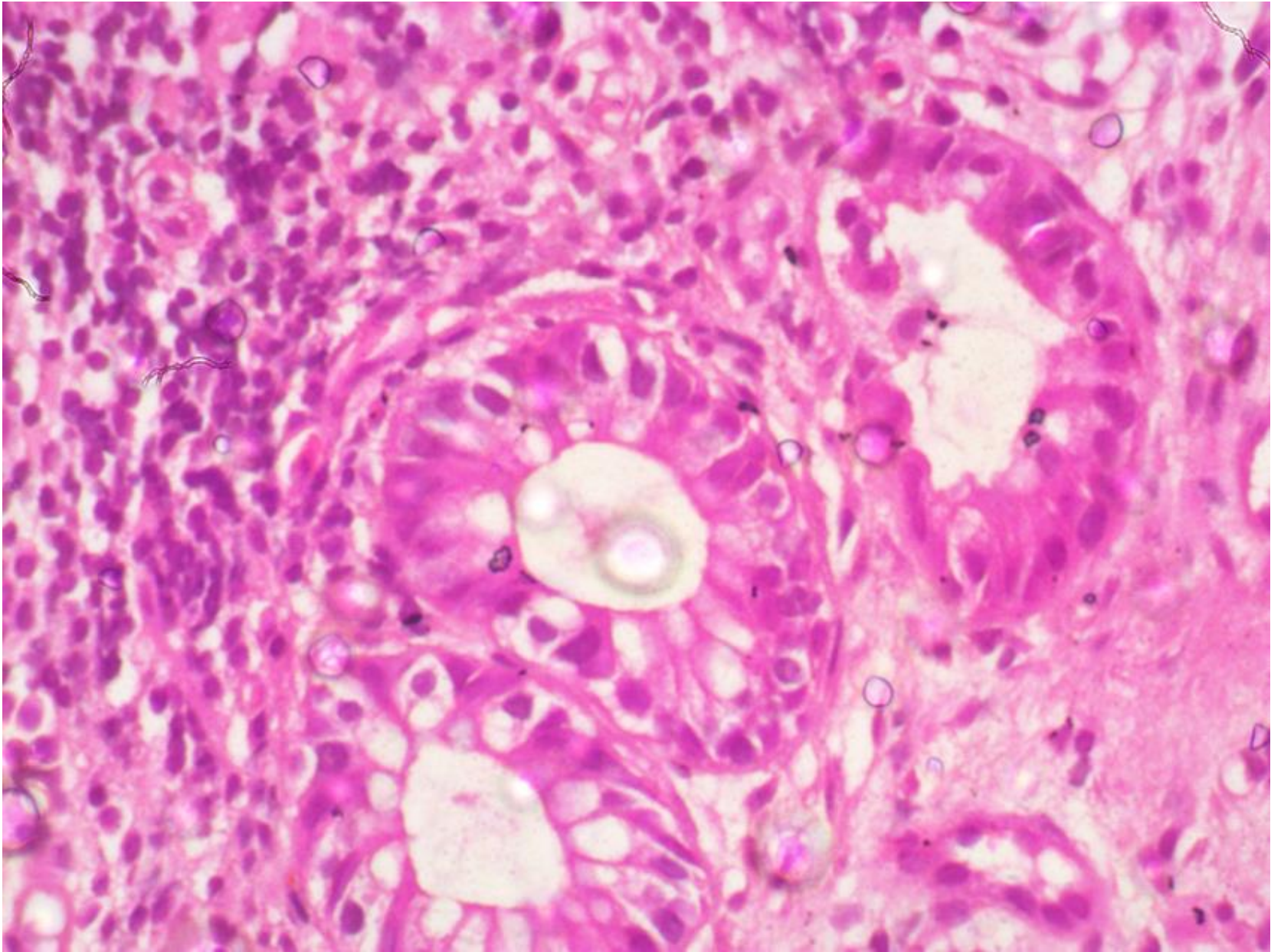
CMV colitis

- Generally associated with immunosuppression
- Known to occur in otherwise immunocompetent individuals
- CMV and IBD have a complex relationship
- Should always be considered with a recent flare or steroid refractory IBD.
- This case was not previously characterised and patient has been lost to follow up

Case 2

- 73 year old male
- Difficulty in defecating. Associated anal pain. No bleeding

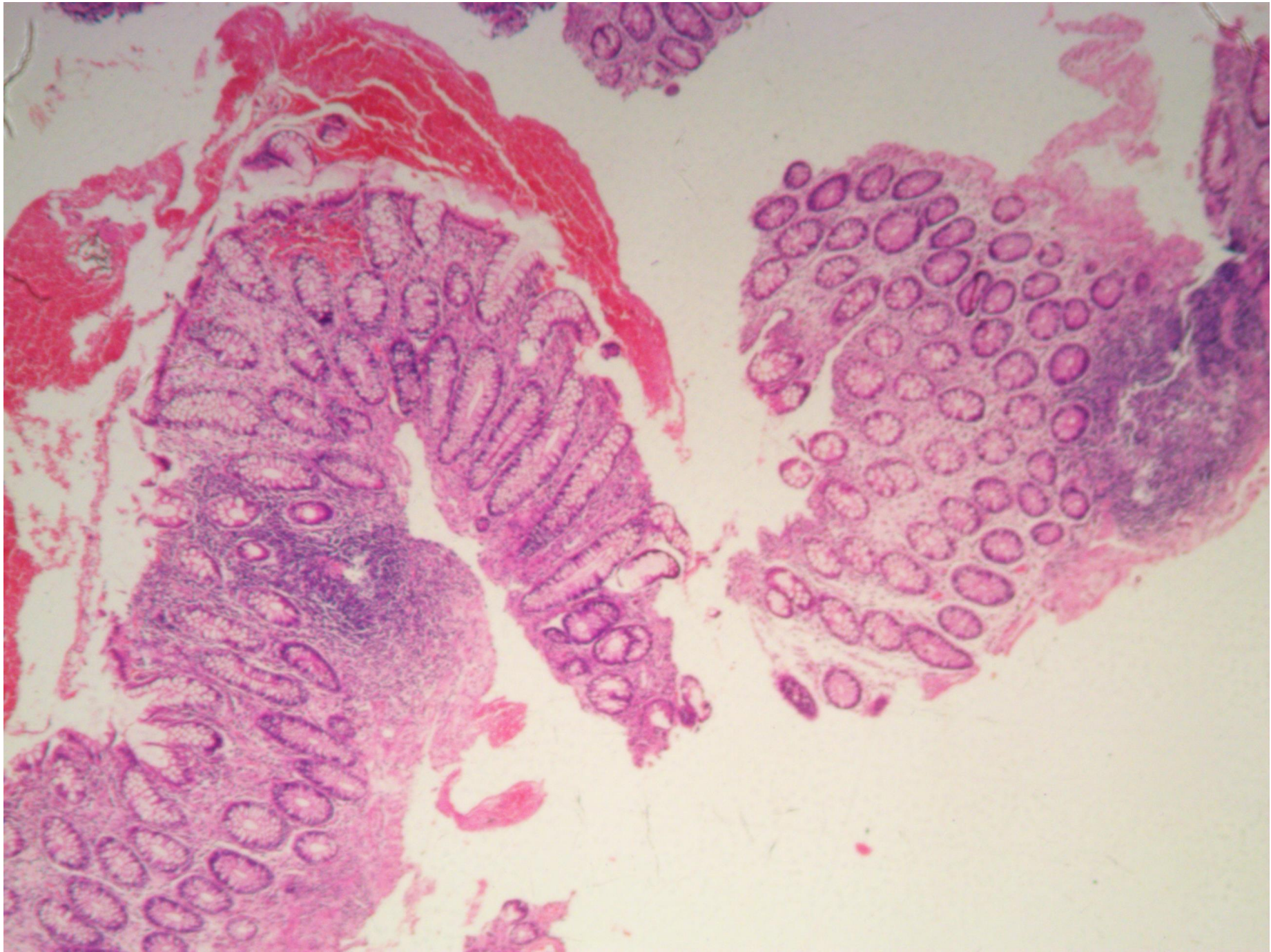


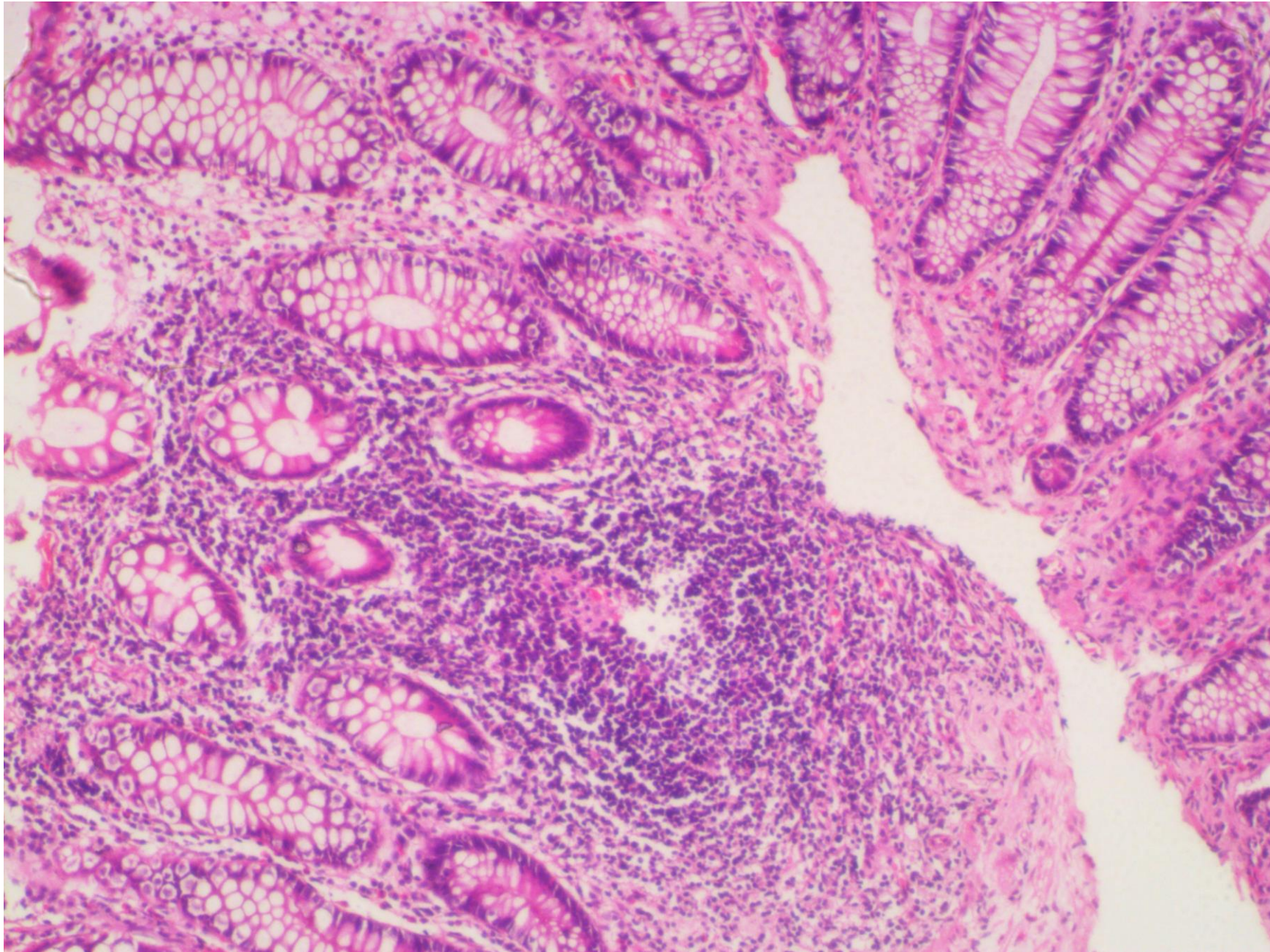


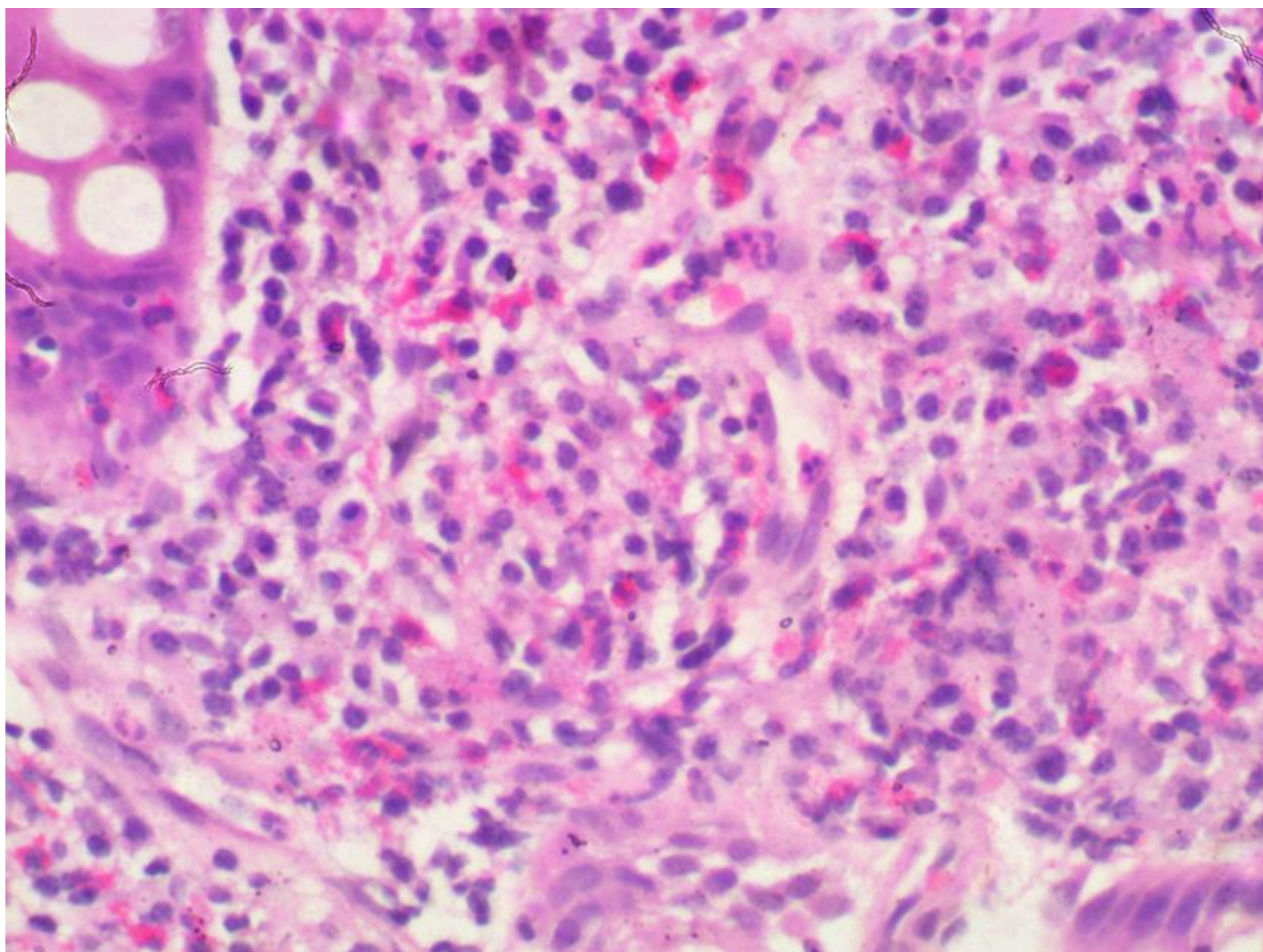
- Histology; rectal tissue with benign glands, some cystically dilated.
 - Lamina propria is heavily infiltrated by plasma cells and lymphocytes.
 - Chronic Non-specific Colitis
-
- Some of the features may suggest IBD
 - Clinical history is sketchy and unclear
 - Pathologic diagnosis is rather dismissive and may discourage further discussions of the case

Case 3

- 41 year old female
- Chronic diarrhoea
- Multiple biopsies from the sigmoid and rectum







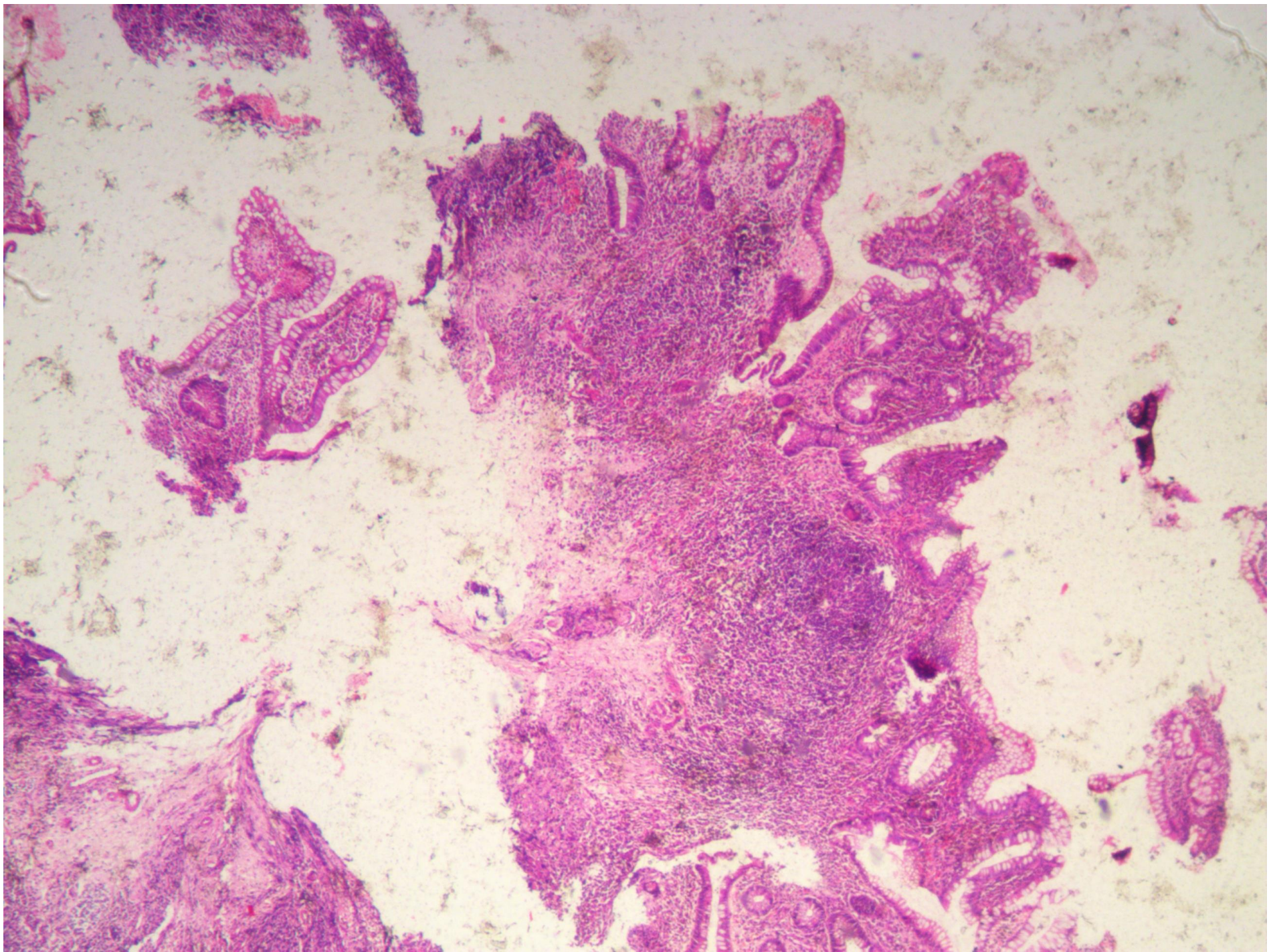
- Histology; Colonic tissue with dense infiltration of the lamina propria by eosinophils, plasma cells and lymphocytes forming aggregates.
- Gland loss and Paneth cell metaplasia
- Indeterminate Colitis

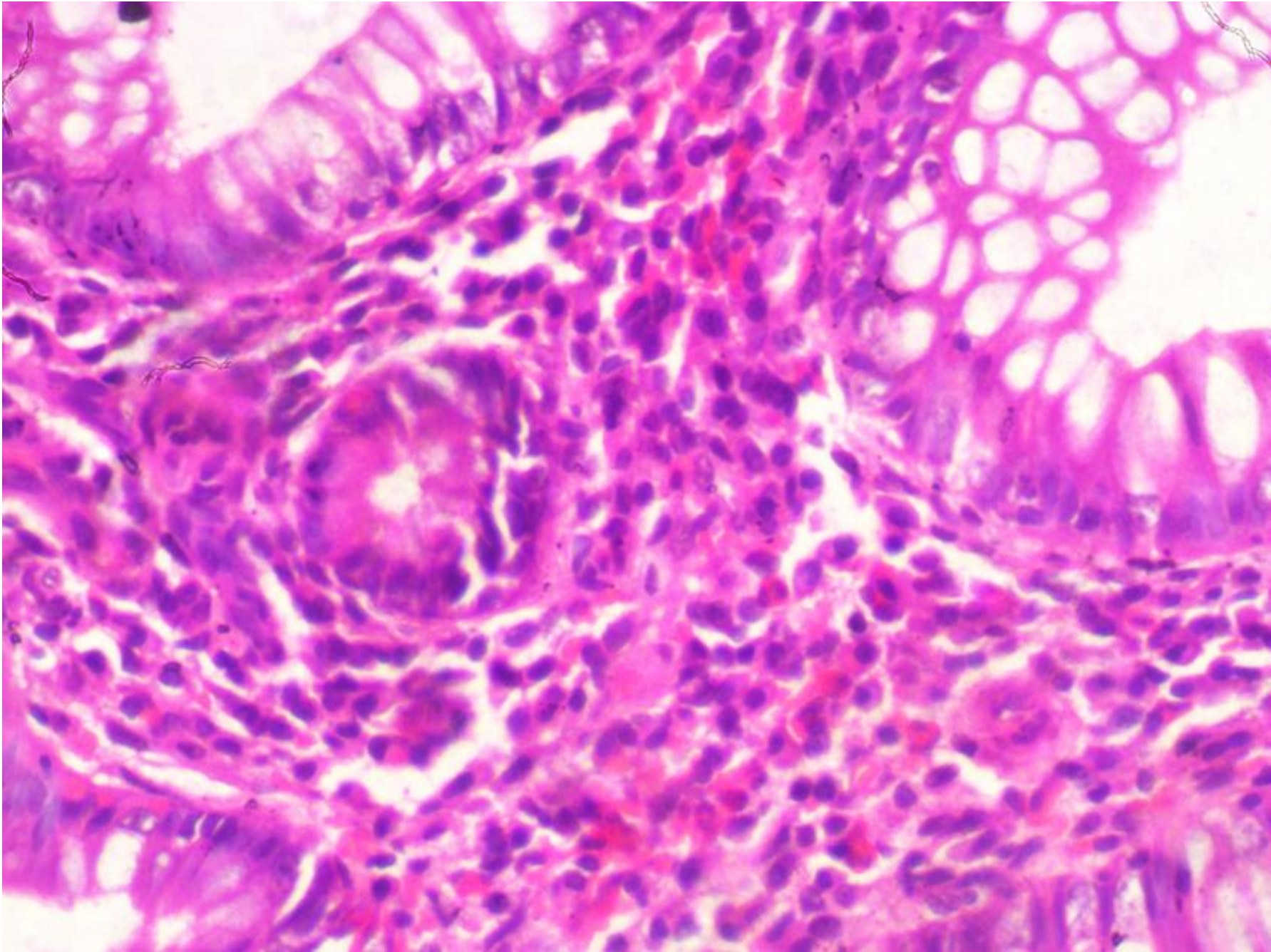
- Not a specific disease entity and has no diagnostic criteria
- Provisional term used by pathologist when a definite diagnosis cannot be made with available data
- Rendered because of Insufficient clinical, radiologic or endoscopic data and because of prominent overlapping pathologic features
- Most cases will eventually evolve into UC or CD

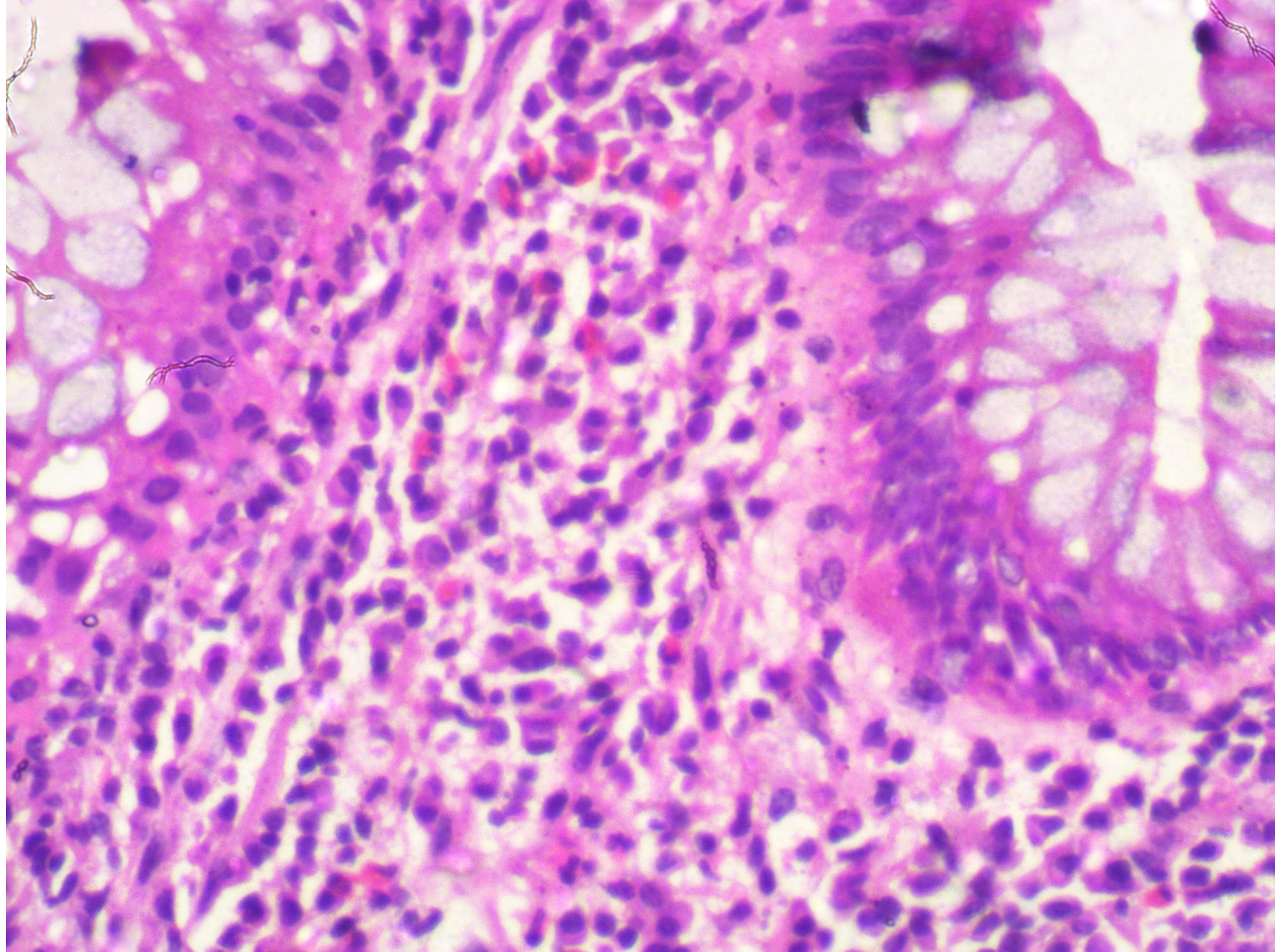
Case 4

16 year old female

Bleeding per rectum of 5 months duration







- Histology; Dense infiltrate by plasma cells and eosinophils in the lamina propria with focal lymphoid aggregates
- Crypt architectural distortion, cryptitis, crypt abscesses. Loss of apical mucin.
- Consistent with Inflammatory Bowel Disease(Ulcerative Colitis)
- Clinical details are sparse and endoscopic findings were not included in the request.