

## **(21351) - HEMORRHAGIC SHOCK: A RARE FORM OF CROHN'S DISEASE PRESENTATION**

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### **Introduction**

Severe gastrointestinal hemorrhage is a rare complication of Crohn's disease., with a reported incidence ranging from 0.6%-4%. Life-threatening hemorrhage in Crohn's disease patients remains a diagnostic and therapeutic challenge with limited evidence on how to manage these patients.

### **Objective**

To present a case of massive bleeding as presentation of Crohn's disease.

### **Case**

A 17 year-old male with a family history of inflammatory bowel disease (IBD) (mother and maternal uncle diagnosed with Crohn's disease) was admitted to our endoscopic unit in March 2023 to perform an elective colonoscopy due to a strong suspicion of IBD. He reported abdominal pain, diarrhea with sporadic hematochezia and weight lost of 5 Kg in the last 2 months. Complementary study presented with sideropenic anemia, elevated reactive protein C and elevated calprotectin (4975mg/kg). During the procedure a large amount of blood and some clots were identified in the lumen and the exam was suspended due to hemodynamic instability with hypotension and tachycardia. Volemic resuscitation and blood transfusion were initiated. The patient was admitted to the intensive care unit with an hypovolemic shock which was managed medically. Additional study with CT-angiography identified ileitis and no evidence of active hemorrhage or Meckel's diverticula was found, the latter being excluded by intestinal scintigraphy. Repeated endoscopic evaluation showed deep

ulcers in the ileum, compatible with ileocecal Crohn's disease. The patient was evaluated by an immunotherapy specialist who excluded coagulation disorders. Biologic therapy with ustekinumab was started at June 2023. In August 2023, the patient was admitted to the emergency room for abundant hematochezia with hemodynamic instability, altered mental status and acute anemia (Hb 4.7g/dL). Again, abdominal CT-angiography did not identify active hemorrhage. Laparoscopic- assisted enteroscopy found several ulcerous lesions in the ileum with active bleeding and mucosal friability. An ileocectomy with ileocolic latero-lateral anastomosis was performed. Histological exam revealed deep ulceration associated with chronic transmural inflammatory process and epithelioid granulomas, corroborating Crohn's disease hypothesis. Currently, the patient is in clinical remission induced by surgery and ustekinumab was reinitiated for prevention of post-operative recurrence.

### **Relevance**

It is not generally considered that life-threatening hemorrhage may complicate Crohn's disease. We present this case due to its rarity.

### **References**

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**Palavras-Chave: Crohn's disease, Hemorrhagic shock, rare form of presentation**