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# Nasal Crohn's: Rare but Real Possibility!

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## Introduction

- Crohn's disease (CD) is an autoimmune inflammatory Bowel Disease (IBD) that can occur anywhere along GI tract.
- Its pathology shows transmural granulomatous inflammation that can include all layers of GI lining.
- Extra-intestinal manifestations can be seen in multiple organ systems like skin, joints, eyes, and mouth, and are common in patient involving large intestine compare to involving only small-intestine.
- Nasal involvement is rare with CD and very few cases have been reported so far.

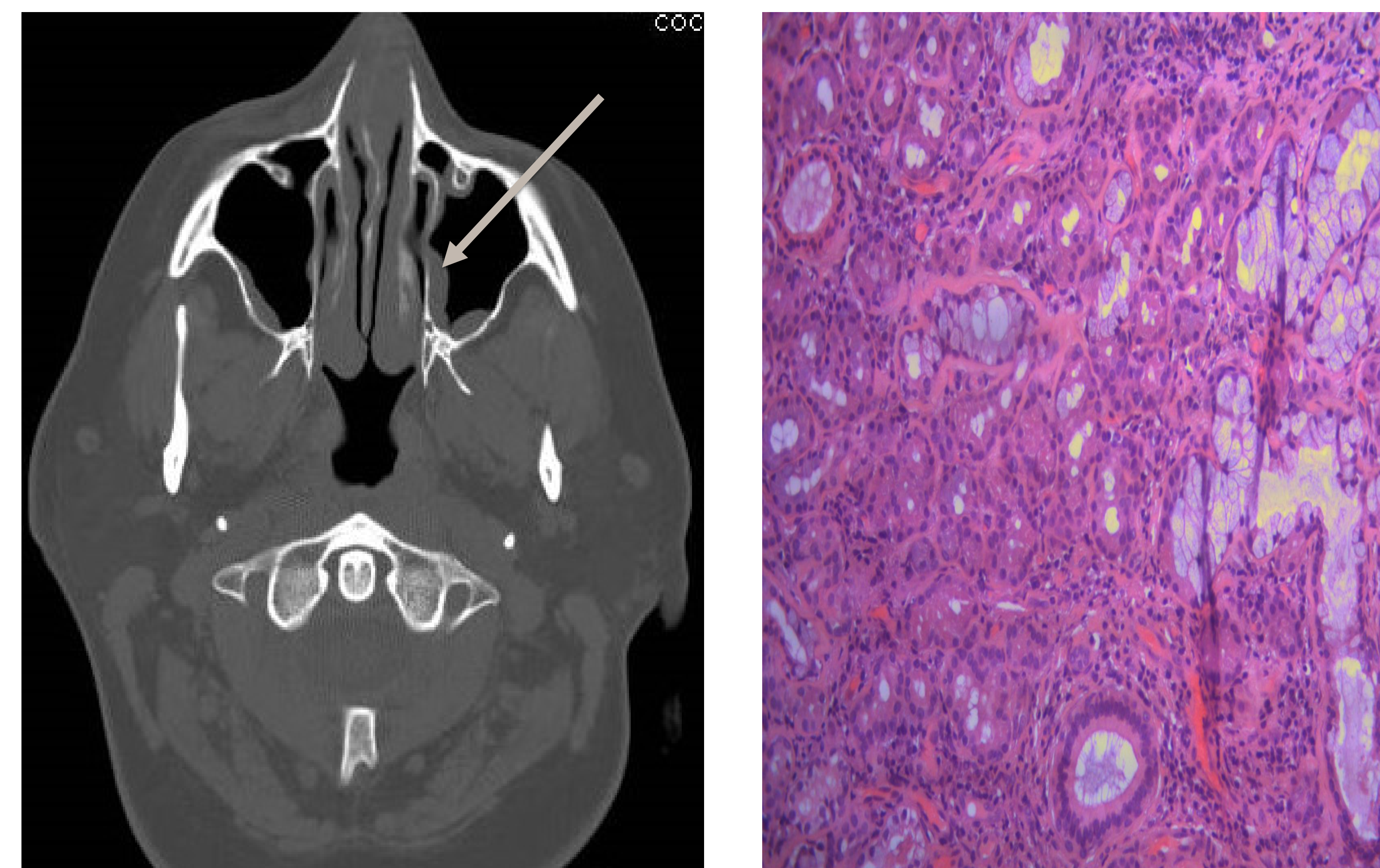
## Case Report

- 32-year-old female with PMH of CD, pyoderma gangrenosum and rectovaginal fistula presented with bloody diarrhea and abdominal pain for week and a half.
- Abdominal pain was located in RLQ and epigastric region. She had fever for 2 days.
- Physical exam was significant for RUQ, RLQ, and epigastric tenderness.
- CT abdomen showed mild transverse colitis and MRI of pelvis showed anal fistula with no abscess. Her stool was positive with WBCs.
- Gastroenterologist put her on empiric antibiotics.

## Case Report (Cont.)

- As her abdominal pain improved, she began to complain of severe headache and developed erythematous swelling on dorsum of nose.
- CT head showed paranasal sinus (PNS) mucosal thickening. Multiple IV pain medications were ineffective.
- ENT was consulted and given her history, believed she might have CD. Trial of IV steroids was given and her symptoms improved.
- ENT subsequently obtained nasal biopsy. Report showed chronic inflammation, edema, and fibroplasia that was consistent with CD.
- Gastroenterologist began Adalimumab and her symptoms improved.

## Imaging



## Results

- Extra-intestinal involvement can be seen in almost 36% cases of CD. Nasal manifestation occur rarely.
- Common presentation can be nasal obstruction, bleeding, mucosal inflammation and septal perforation.
- Our patient had an unusual presentation with intractable headaches.
- Furthermore, there are various treatment options available in case of nasal CD from steroids to leukocytapheresis.
- Our patient experienced resolution of her symptoms with combination of TNF- $\alpha$  Inhibitor and steroids. It would be interesting to know if nasal steroid has any role to play in local remission.

## Conclusion

- we suggest that in patients with CD, especially large intestinal involvement, with headache, fever or PNS symptoms, should warrant careful evaluation to rule out nasal CD.

## References

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