WEEK 3

Case of the week: A young lady with diarrhea

A 28 years old lady has a 2- week history of watery diarrhea and 2.5 Kg weight loss. She has not traveled recently or taken any medication. Her abdominal examination revealed hyperactive bowel sound and diffuse tenderness without guarding .Stool culture shows no growth.

Question 1:
Which of the following would most strongly support the diagnosis of Crhon's disease rather than ulcerative colitis:

A. Being a male
B. Barium enema showing inflammation of the most distal 4 cm of the ileum
C. Colonic biopsy showing mucosal inflammation and crypt abscesses
D. The patient reporting blood with the diarrhea
E. Involvement of the rectum

Question 2:
The patient was later diagnosed to have Crohn`s disease. She kept on coming to the emergency room with recurrent attack of subacute intestinal obstruction ,small bowel barium study showed a 10 cm narrow stricture in the terminal ileum.
Which of the following treatment options is **unlikely** to provide the best long term outcome for this patient?

A. Intravenous infiliximab every 8 weeks
B. Intravenous cyclosporine
C. Oral azathioprine
D. Surgical resection of the stricture

Question 3:
What is the **MOST** common anatomical distribution of involvement of Crohn`s disease?

A. Small bowel and colon
B. Small bowel alone
C. Colon alone
D. Perianal disease
E. Equally distributed through out the GIT

Question 4:
Which of the following complication is more likely to occur with acute exacerbation of inflammatory bowel disease?

A. Sacroiliitis
B. Pyoderma gangrenosum
C. Peripheral arthritis
D. Primary sclerosing cholangitis
E. Hair loss

Question 5:
Which of the following has been shown to be statistically significant in healing perianal fistula in patients with Crohn`s disease

A. 6 mercaptopurine
B. Methotrexate
C. Cyclosporin
D. Infiximab
E. IV steroid

For further reading about inflammatory bowel disease go to;
www.bsg.org.uk
Practical guidelines of inflammatory bowel disease