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A 22-year-old man with Crohn’s disease diagnosed 5 years previously was admitted to hospital because of abdominal pain, diarrhea, fever, and weight loss. His past medical history was significant for perianal disease. Previous treatment included 1-year therapy with infliximab that led to clinical remission. Colonoscopy was performed and it showed stricture in the ascending colon with mucosal edema and ulcerations (Fig. 1A). Features of chronic inflammation and noncaseating granulomas were observed in colonic biopsy specimens (Fig. 1B). Imaging studies revealed focal liver lesions that raised suspicion of malignancy. Contrast-enhanced computed tomography showed hypodense liver lesions suggestive of the metastatic process. Magnetic resonance imaging (MRI) was performed and a T2-weighted image demonstrated moderately hyperintense nodules (Fig. 1C) that showed restricted diffusion in the DWI (diffusion-weighted imaging) sequence (Fig. 1D). Multiple additional studies were performed to look for the primary neoplastic tumor, but nothing was found. Ultrasound-guided biopsy of hepatic lesions was performed and noncaseating granulomas were detected (Fig. 1E). Infectious etiology and autoimmune liver diseases were excluded. The patient was treated with steroids and azathioprine. After 2 months of therapy, he presented no symptoms of Crohn’s disease. A complete regression of hepatic lesions was observed in the control MRI (Fig. 1F).

Crohn’s disease is characterized by transmural inflammation and the presence of granulomas. Deep transmural ulcerations can lead to formation of fistulas that cause significant morbidity and impairment in quality of life. The occurrence of perianal disease varies between 21% and 23%.[1] Small-bowel fistulas are observed in 10% to 20% of patients.[2] Another important group of complications are extraintestinal manifestations that affect up to 35% of patients with Crohn’s disease.[1] They can mimic other conditions, making a precise diagnosis difficult.[3] The prevalence of hepatic granulomas as a complication of Crohn’s disease is unknown. There have been only a few cases reported in the literature.[4] Hepatic granulomas
can be present in various conditions. The most frequent are sarcoidosis, tuberculosis, primary biliary cholangitis, and drug reactions.[5]

References:


Fig. 1A. Stricture in the ascending colon with mucosal edema and ulcerations.

Fig. 1B. Chronic inflammation and noncaseating granulomas in colonic biopsy specimens.

Fig. 1C. Moderately hyperintense nodule in T2-weighted magnetic resonance image of the liver.

Fig. 1D. Magnetic resonance image presenting liver nodule with restricted diffusion in the DWI sequence.

Fig. 1E. Noncaseating granulomas in the liver biopsy specimen.

Fig. 1F. Complete regression of hepatic lesions in control MRI after 2 months of treatment.