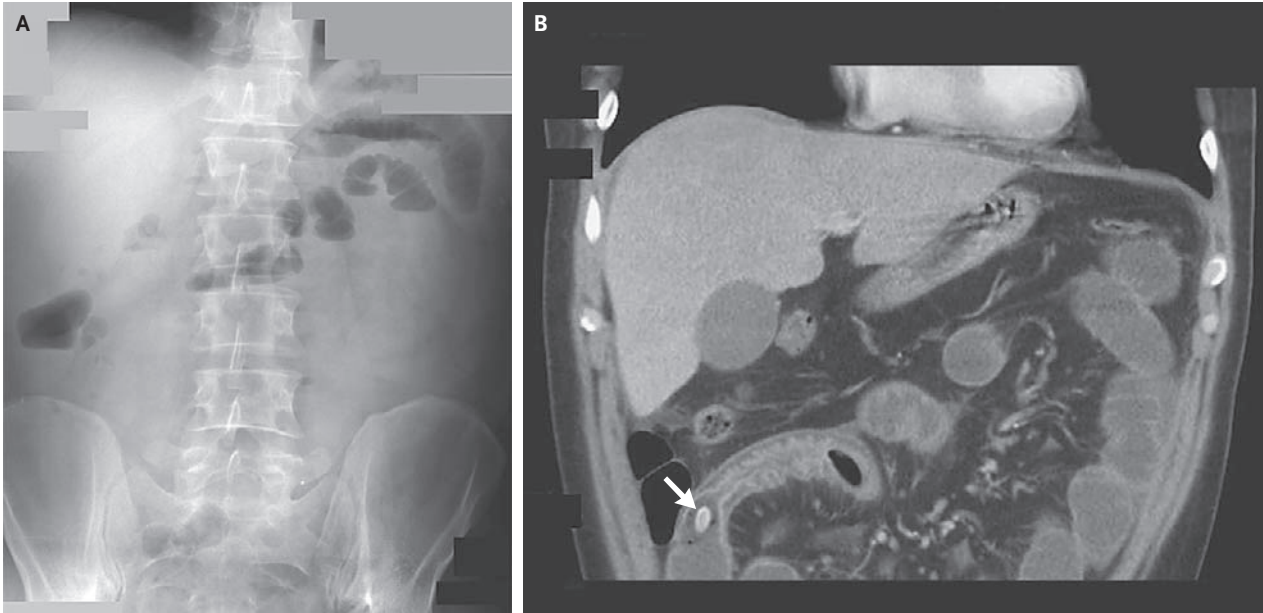


## IMAGES IN CLINICAL MEDICINE

## Crohn's Disease and an Olive



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**A**N OTHERWISE HEALTHY 45-YEAR-OLD MAN PRESENTED WITH A 3-DAY history of colicky central abdominal pain associated with nausea and vomiting. His bowel habits had not changed, and he had no history of abdominal surgery, no family history of inflammatory bowel disease, and no reported history of any perianal conditions. He had been admitted 36 months earlier because of a similar episode, which resolved spontaneously. On examination, there were no umbilical, inguinal, or femoral hernias. Laboratory tests revealed a normal white-cell count, and abdominal radiologic examination was suggestive of an incomplete small-bowel obstruction (Panel A). Computed tomography demonstrated a small-bowel stricture with an intraluminal radiopaque mass (Panel B, arrow). At laparotomy, the strictured segment of small bowel was resected and an olive was found within the lumen. On the basis of the findings on resection, the patient received a diagnosis of Crohn's disease. Phytobezoar rarely precipitates a presentation of small-bowel stricture in patients with Crohn's disease but may cause obstruction in a narrowed segment of the small bowel.

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