

Tuberculosis as a Most Probable Cause of Chron's Disease: a Case with Crohn's Disease Developed Active Pulmonary Tuberculosis by Biologic Treatment

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Introduction: Crohn's disease (CD) is a chronic intestinal disease. Biological agents are used for the remission induction and maintenance of remission in CD after the full investigation for tuberculosis according to the international guidelines. Here, we present a patient who developed "Active Pulmonary Tuberculosis (TB)" after the six months therapy with a biological agent (anti-TNF). After the anti-TB drugs treatment, control colonoscopy showed that patient is in remission. Mycobacterium organism appears as a one of the causes in the etiopathogenesis of crohn's patients.

Case: 22 year-old female patient was diagnosed as oderately active Crohn's ileocolitis by biochemical, microbiological, colonoscopy, CT enterography and pathological examinations. At this time, intestinal biopsies and then tissue PCR and tissue tbc culture results did not reveal any evidence for tuberculosis. Azatiopurin (AZT) 2.5 mg / kg and oral Mesalazin were prescribed as ECCO guideline. After 4 months, because of no recovery, an anti-TNF was added. During this time, blood Quantiferon test was negative and the chest examination and chest X-ray were normal. Anti-TNF was started as protocol. She was in both clinical and laboratory remission at the 3rd and endoscopic remission at the 6th month of the therapy (both biologic and AZT). Then, she developed cough, sputum and night sweats. Pulmonary TB was detected by further examinations. The patient was a senior student in Turkey and living in a dormitory with two girlfriends. The height of the patient is 163 cm and her weight was measured as 46 kg during the first admission of hospital. Her last weight measurement was 53 kg before the diagnosis of TBC was made. There was no evidence of TB in her boyfriend and her room mates.

Discussion: Traditionally, immuno suppressants (IS; Azopirinand Methotrexate) are given in the treatment of Crohn's disease. Anti-TNF is started in patients with moderate or severe disease who have not responded to treatment after 4-6 months of IS. Since both of these regimens are immuno suppressive, before starting the anti-TNF therapy, Tuberculosis should be screened by 1) QuantiFERON-TB gold test, 2) Chest X-ray, 3) PPD test, and 4) all results and physical examination consulted by a chest diseases or infectious diseases physician. According to there commendations of Goverment, Republic of Turkey Ministry of Health, when the patient comes to each control, chest diseases spesialist have to examine the patient with chest X-ray and physical examination for the biologic approval. Although all the necessary precautions were taken according to the guidelines, a case of Pulmonary Tuberculosis developed after the 6 months of biologic plus immunosuppressive treatment was presented here to draw attention to this subject "**tuberculosis infection and the unknown pathogenesis of Crohn's Disease**".

In conclusion, we would like to emphasize once again the role of mycobacterium strains in the unknown pathogenesis of crohn's patients.

Biography:

Professor Basaranoglu Metin completed his postdoctoral studies in St. Louis University School of Medicine/Liver Centre, St. Louis/MO, USA. He is the author of a book: fatty liver pathogenesis (2009), and a book chapter (in Metabolic Aspects of Chronic Liver Diseases) published in NY (2008). He is a member of AASLD and EASL. He was awarded twice by AASLD (1998/2002) as a young investigator and once by EASL (2009).