

Lung parenchymal manifestation of Crohn's disease

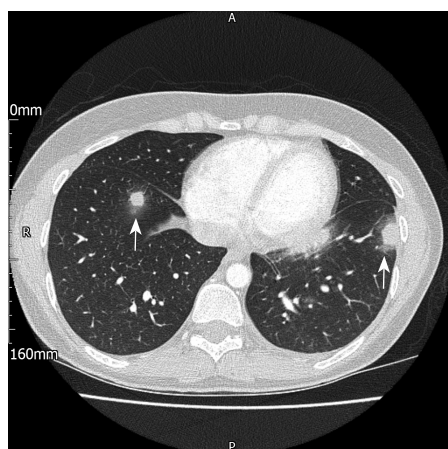
Crohn's disease is an inflammatory granulomatous condition that can affect the length of the gastrointestinal tract. Extra-intestinal manifestations are not

uncommon but mainly involve the skin, joints and biliary tree (Ephgrave, 2007). Even more rarely, the pulmonary system may be affected by extra-intestinal Crohn's disease (Lu et al, 2014).

In this case, a 26-year-old female smoker

with poorly controlled Crohn's disease presented to hospital with acute shortness of breath on exertion and pleuritic chest pain. Computed tomography pulmonary angiography excluded pulmonary embolism but revealed several parenchymal nodules in both lung bases with ground glass halos and signs of early cavitation, as well as an additional nodule in the left upper lobe abutting the pericardium (*Figure 1*). Computed tomography-guided biopsy helped confirm active Crohn's granulomata in the lung parenchyma. Important differential diagnoses to exclude with these findings are fungal or mycobacterial infection, vasculitides (such as granulomatosis with polyangiitis) and malignancy. **BJHM**

Figure 1. Axial computed tomography scan showing parenchymal lung nodules with a ground-glass halo appearance (arrows).



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