Clinical Report

Patient Information

- **Name:** Sarah Chen
- **Date of Birth:** 03/12/1997
- **Age:** 28
- **Gender:** Female
- **Contact Information:** (555) 222-3333, sarah.chen.esq@email.com
- **Address:** 900 Cityview Plaza, Apt 210, Anytown, USA

Referring Physician

- Dr. Emily White, MD
- Primary Care Physician
- Metropolitan Medical Group

Medical Institution

- Anytown Gastroenterology Specialists
- **Report Date:** 07/18/2025

Clinical History and Background

Sarah Chen is a 28-year-old corporate lawyer referred by her primary care physician for evaluation of worsening abdominal pain, diarrhea, and significant weight loss. Ms. Chen reports experiencing intermittent gastrointestinal distress for over a year, which she and her PCP had initially managed as Irritable Bowel Syndrome (IBS), likely exacerbated by her high-stress career. However, over the past three months, her symptoms have dramatically escalated, becoming constant and debilitating, forcing her to take a leave of absence from work. Her past medical history is unremarkable. She has a family history of a maternal cousin with Crohn's disease. She is a non-smoker and drinks alcohol infrequently, noting that it now severely worsens her symptoms.

Current Symptoms & Patient-Reported Outcomes (PROs)

- **Abdominal Pain:**
    - **Patient's Description:** "It's a severe, cramping pain deep in the lower right side of my stomach. It comes in waves and is especially bad about an hour after I try to eat anything. The fear of that pain has made me afraid to eat."
    - **Severity:** She rates the post-prandial (after eating) pain as a 9/10. The baseline ache is a 5/10.
    - **Duration:** Episodic for a year, but constant and severe for the past three months.
    - **Clinical Note:** The location (right lower quadrant) and relationship to meals (sitophobia) are classic for active inflammatory disease in the terminal ileum.

- **Diarrhea:**
    - **Patient's Description:** "I have to go to the bathroom 6 to 8 times a day. It's urgent and watery. I never feel like I've fully emptied my bowels. I haven't seen any blood, but the frequency is exhausting."
    - **Severity:** Severe. The urgency dictates her daily activities and has made her afraid to leave her apartment.
    - **Duration:** Worsening over the past six months.
    - **Clinical Note:** Chronic, non-bloody diarrhea is a hallmark symptom of small bowel-predominant Crohn's disease.
- **Perianal Pain:**
    - **Patient's Description:** "This is really embarrassing, but I have this painful lump near my anus that sometimes drains a little bit. It makes it painful to sit for long periods."
    - **Severity:** Moderate, but causing significant distress and discomfort.
    - **Duration:** On and off for two months.
    - **Clinical Note:** This is highly suggestive of a perianal fistula, a common and complicating feature of Crohn's disease that requires aggressive management.
- **Weight Loss and Fatigue:**
    - **Patient's Description:** "I've lost almost 25 pounds without trying. I have no appetite, and I feel completely wiped out all the time. I don't have the mental or physical energy to even read a legal brief."
    - **Severity:** Severe. The weight loss is visually apparent, and the fatigue is debilitating.
    - **Duration:** Progressive over the last four months.
    - **Clinical Note:** The combination of malabsorption, poor intake due to pain, and the systemic inflammatory burden leads to profound malnutrition and fatigue.

Clinical Findings

- **Vital Signs:**
    - **Blood Pressure:** 108/70 mmHg
    - **Heart Rate:** 98 bpm (mildly tachycardic)
    - **Respiratory Rate:** 16 breaths/min
    - **Temperature:** 99.4°F (37.4°C) (low-grade fever)
- **Physical Examination:**
    - **General:** Thin, pale-appearing young woman who appears fatigued.
    - **Abdomen:** Soft, with marked voluntary guarding and deep tenderness to palpation in the right lower quadrant.
    - **Perianal:** Examination reveals a non-inflamed external opening of a fistula at the 5 o'clock position, with surrounding tenderness.
- **Laboratory Results:**
    - **Complete Blood Count (CBC):** Hemoglobin 10.1 g/dL (normocytic anemia).
    - **Erythrocyte Sedimentation Rate (ESR):** 62 mm/hr (Markedly elevated).
    - **C-reactive Protein (CRP):** 8.1 mg/dL (Markedly elevated).
    - **Serum Albumin:** 2.8 g/dL (Low, indicating malnutrition).

    - **Fecal Calprotectin:** >2200 ug/g (Extremely high, indicating severe gut inflammation).
    - **Stool Studies:** Negative for infectious causes.
- **Endoscopy and Imaging:**
    - **Colonoscopy:** Showed patchy areas of inflammation in the colon ("skip lesions"). The terminal ileum was severely inflamed, narrowed, and ulcerated, with a "cobblestone" appearance. Biopsies were taken.
    - **Biopsy Results:** Histopathology confirmed active chronic ileitis, with evidence of transmural inflammation (inflammation through the entire bowel wall) and the presence of non-caseating granulomas, which are pathognomonic for Crohn's disease.
    - **MR Enterography (MRE):** Performed to assess the small bowel, confirmed a 20 cm segment of active inflammation and thickening in the terminal ileum, without evidence of a fibrotic stricture or abscess.

Diagnosis

The combination of the classic clinical history, physical exam findings (including perianal disease), inflammatory lab markers, and definitive endoscopic and histologic findings confirms a diagnosis of **Crohn's Disease**. Her disease is classified as **moderate-to-severe inflammatory ileocolonic Crohn's with perianal involvement**.

Treatment Strategy

The goals are to rapidly induce remission, achieve mucosal healing, resolve the perianal disease, and restore her nutritional status and quality of life. Given the severity and complicating features (perianal disease), a "top-down" approach with early initiation of biologic therapy is warranted.

1. **Induction of Remission:**
    - **Corticosteroids:** A course of oral prednisone, starting at 40mg daily, will be initiated immediately to rapidly decrease the severe inflammation and provide symptomatic relief. A slow tapering schedule over 8-12 weeks is planned.
2. **Maintenance Therapy:**
    - **Biologic Therapy:** We will initiate a TNF-alpha inhibitor (e.g., infliximab or adalimumab) within the next 1-2 weeks. These agents are highly effective for inducing and maintaining remission in moderate-to-severe Crohn's and are the standard of care for treating fistulizing disease. The risks and benefits were discussed at length with Ms. Chen.
3. **Adjunctive Care:**
    - **Nutritional Support:** An urgent referral to a registered dietitian specializing in IBD is critical to address her malnutrition.
    - **Perianal Disease:** We will coordinate care with a colorectal surgeon for evaluation of her fistula, though medical therapy with the biologic agent is the primary treatment.

Summary and Plan

Ms. Sarah Chen is a 28-year-old female with a new diagnosis of moderate-to-severe Crohn's disease, complicated by significant malnutrition and perianal involvement. Her symptoms have severely impacted her life and career. We are implementing an aggressive treatment plan, starting with corticosteroids for immediate relief, followed quickly by the initiation of a cornerstone biologic therapy to achieve long-term, steroid-free remission. The chronic nature of the disease and the importance of adherence to this comprehensive plan have been thoroughly discussed.

Follow-up

She will have close follow-up in our clinic in two weeks to assess her response to steroids and to finalize the plan for starting her biologic medication. She will require regular appointments every 2-3 months during the first year to monitor disease activity, medication efficacy, and nutritional status.