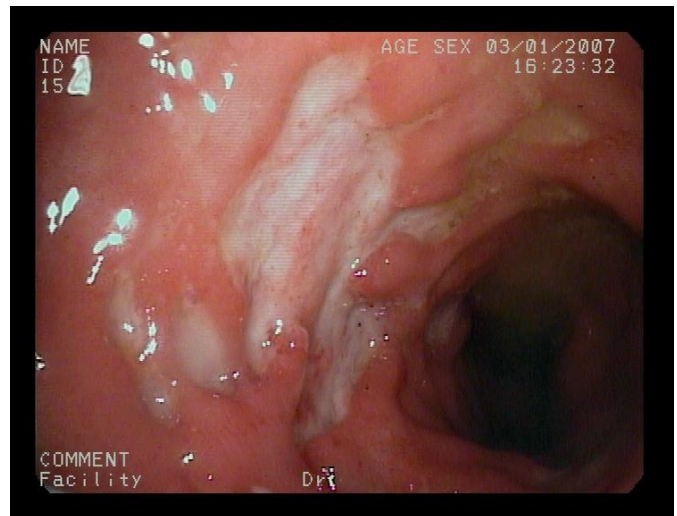
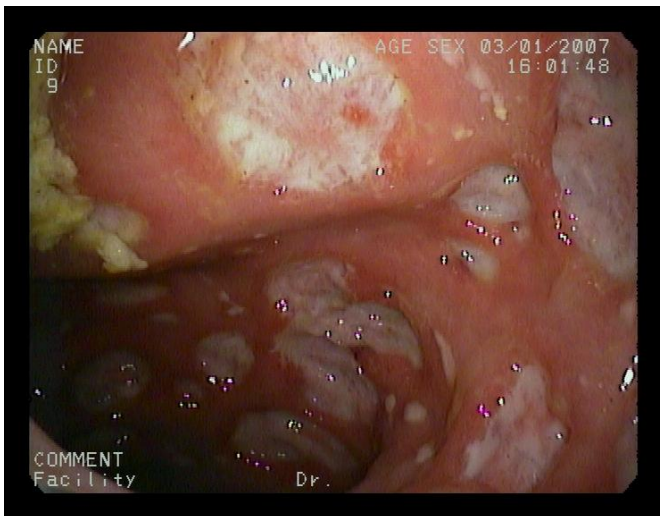
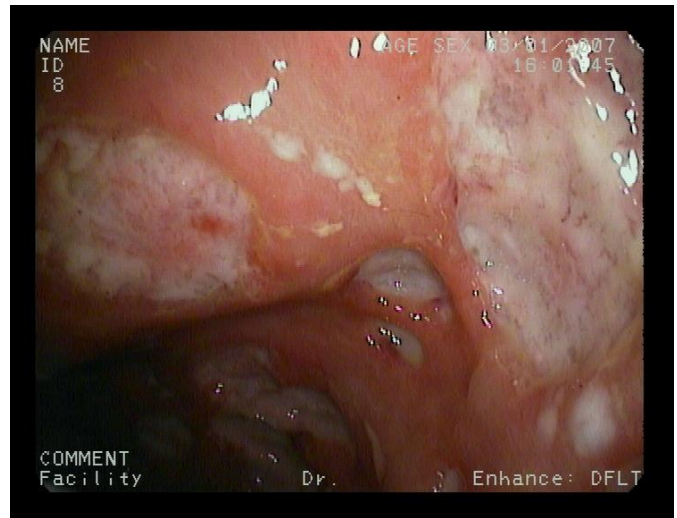
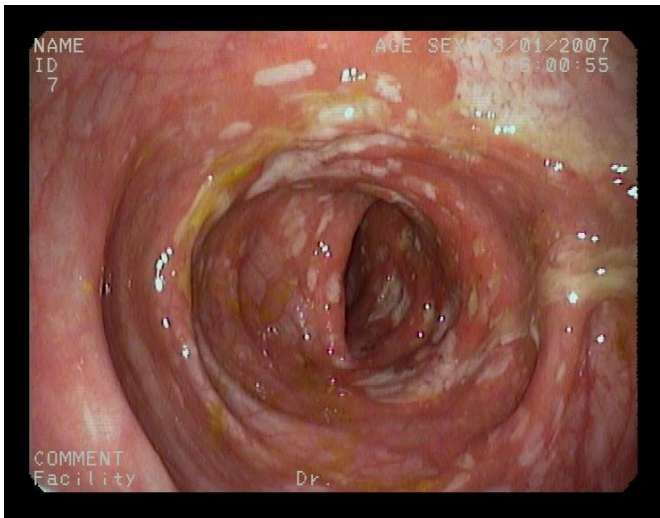


A Differential Diagnosis of IBD



A 48 year-old woman complained of arthralgia, myalgia, fever, abdominal pain, diarrhoea with 8 bowel movements/d and weight loss (>4kg in 2 months) for 8 weeks. After excluding infections in the stool, a colonoscopy was performed, where deep, well-demarcated ulcers were found in all parts of the large intestine, but not in the terminal ileum. Histology revealed a necrotizing inflammation of medium-sized arteries with fibrinoid necrosis and polymorphonuclear infiltration in the vessel wall. Polyarteritis nodosa was diagnosed. ANCA antibodies were negative and hepatitis B and C was excluded. The urinary sediment showed no pathological findings. The patient was treated with cyclophosphamide and prednisone and all symptoms resolved. 5 years after initial diagnosis, the patient is still symptom free.