


CR33**Is it Crohn's or coeliac, or both?**Matilda Sabljak^a, Ana Barišić^{a,b}^a School of Medicine University of Zagreb^b Department of internal diseases; University Hospital Centre Zagreb; School of Medicine University of ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR33> Matilda Sabljak 0000-0002-4433-2635, Ana Barišić 0000-0003-1419-6967

Keywords: Crohn's disease, coeliac disease, lymphoma

INTRODUCTION/OBJECTIVES: Crohn's disease and coeliac disease are chronic disorders that may cause overlapping symptoms: diarrhoea, weight loss, abdominal pain, and fatigue. There are only a few reports in the literature on patients with coexisting coeliac and Crohn's disease.

CASE PRESENTATION: We present a case of a 42-year-old female patient who presented in 2020 with chronic abdominal pain. Laboratory workup revealed elevated CRP and faecal calprotectin levels. Serology for coeliac disease was negative. Upper GI endoscopy revealed gastritis, while duodenal biopsies did not reveal relevant pathological alterations. Colonoscopy with ileoscopy was normal, while histology showed non-specific inflammation within the terminal ileum. Due to persistent abdominal pain accompanied by weight loss, patient was admitted to our hospital in October 2021. Upper endoscopy was performed, and histopathology revealed total villous atrophy, while colonoscopy was normal. Serology for coeliac disease was positive, and the gluten-free diet was started. Small bowel follow-through showed multiple stenoses of ileum, while retrograde single-balloon enteroscopy showed multiple ulcerations in the ileum. Biopsy results confirmed active ileitis, consistent with Crohn's disease, therefore adalimumab therapy was started. Due to further weight loss and symptoms of the bowel obstruction, despite implemented diet and pharmacotherapy, the patient had to undergo exploratory laparotomy, and resection of the stenotic segment of ileum was performed. Histopathological investigation confirmed Crohn's disease, while suspected lymphoma, as a possible complication of coeliac disease, was excluded.

CONCLUSION: The association of coeliac disease and Crohn's disease is possible although rare, which is why this case emphasizes the importance of detailed diagnostic procedure with tissue sampling.

CR34**LARYNX – PRIMARY MANIFESTATION OF T-CELL ACUTE LYMPHOBLASTIC LEUKEMIA**Jelena Benčić^a, Drago Baković^a, Lana Kovač Bilić^b^a School of Medicine University of Zagreb^b University Hospital Centre Zagreb, Department of Otorhinolaryngology and Head and Neck SurgeryDOI: <https://doi.org/10.26800/LV-144-supl2-CR34> Jelena Benčić 0000-0002-2936-5201, Drago Baković 0000-0001-6674-6735, Lana Kovač Bilić 0000-0003-2526-2261

Keywords: extramedullary infiltration, laryngeal neoplasms, laryngostenosis, lymphoblastic leukemia

INTRODUCTION/OBJECTIVES: Laryngeal lymphomas are very rare, and all cases described so far relate to isolated laryngeal lymphomas. We describe the first case of precursor T-cell lymphoblastic leukemia (T-ALL) known to us, which manifests as subglottic stenosis and leads to severe airway obstruction.

CASE PRESENTATION: We present a 37-year-old female patient experiencing dyspnea, without fever, weight loss, and night sweats. Fiber laryngoscopy showed a soft swelling of the subglottis causing the obstruction. CT showed a solid tumor mass in the subglottis that reached intraluminally to the fifth cervical vertebra. Tracheotomy was performed and the tumor was removed with CO2 laser. Pathohistologically, a diagnosis of T-cell non-Hodgkin's lymphoma was made. Solid tumor of the anterior mediastinum was verified on CT of the thorax, abdomen, and pelvis. Bone marrow biopsy showed 30% of blasts typical for T-ALL. The patient began the first cycle of chemotherapy to which an adequate response was not achieved. With the second chemotherapy, remission occurred and fiber laryngoscopy was repeated, showing no tumor in the larynx. As the patient did not have compatible bone marrow donor, autotransplantation of bone marrow was planned. However, after the third cycle of chemotherapy, during the preparation for autotransplantation, the patient died from *P. aeruginosa* sepsis.

CONCLUSION: Extramedullary infiltration by leukemic cells is a rare form of ALL, especially in the larynx. The number of studies on the role of molecular abnormalities in the extramedullary form of ALL is limited and additional efforts are needed to enable faster diagnosis and adequate treatment.