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Case Study

Intestinal Obstruction by a Date Pit: Manifestation of Crohn's Disease

Kamal Khadija, Benzidane Kamal, Zalarh Fadoua*, Ettaoussi Abdelhak, Majd Abdessamad, Bouali Mounir, Elbakouri Abdelillah, Khaleq Khalid and El Hattabi Khalid

Department of General Surgery, Ibn Rochd Hospital, Hassan II University, Faculty of Medicine and Pharmacy, Tarik Ibn Ziad Street, Morocco

***Corresponding Author:** Zalarh Fadoua, Department of General Surgery, Ibn Rochd Hospital, Hassan II University, Faculty of Medicine and Pharmacy, Tarik Ibn Ziad Street, Morocco.

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Abstract

Crohn's disease is a chronic inflammatory disorder of the gastrointestinal tract, most commonly affecting the terminal ileum and right colon. In rare instances, it may present as an acute intestinal obstruction. Although most ingested foreign bodies pass through the digestive tract without complications, patients with pre-existing intestinal abnormalities are at increased risk of obstruction, perforation, or hemorrhage.

This report describes a rare case of Crohn's disease revealed in a 57-year-old female patient who presented with intestinal obstruction caused by a date pit.

Keywords: Crohn's Disease; Foreign Body Ingestion; Intestinal Obstruction; Small Bowel Obstruction

Introduction

Small-bowel Crohn's disease may present as an inflammatory stricture, a fibrotic stricture, a penetrating phenotype, or a combination of these patterns [1].

Consequently, intestinal strictures represent one of the most challenging and complex complications of the disease [2].

This unusual presentation of Crohn's disease highlights the importance of investigating underlying gastrointestinal pathology in any patient who experiences clinical deterioration following the accidental ingestion of a foreign body.

We report the rare case of a female patient in whom Crohn's disease was initially revealed by intestinal obstruction caused by a foreign body (date pit). We discuss the diagnostic challenges and emphasize the early clinical warning signs that should alert surgeons to such an atypical presentation of Crohn's disease.

Case Presentation

We report the case of a 57-year-old female patient with type 2 diabetes mellitus, treated with oral hypoglycemic agents for three years. She had previously undergone a perineal hysterectomy with preservation of the adnexa three years earlier.

The patient was admitted to the emergency department with clinical signs of intestinal obstruction. She had experienced a four-day history of cessation of stool and gas passage, associated with vomiting and diffuse abdominal pain. Additionally, she reported the accidental ingestion of a date pit.

Physical examination revealed abdominal distension with generalized tympany.

An abdominal CT scan was performed, showing dilation of small-bowel loops up to 37 mm upstream of an intraluminal foreign body located in the terminal ileal loop, along with the presence of a second foreign body in the rectum (Figure 1).

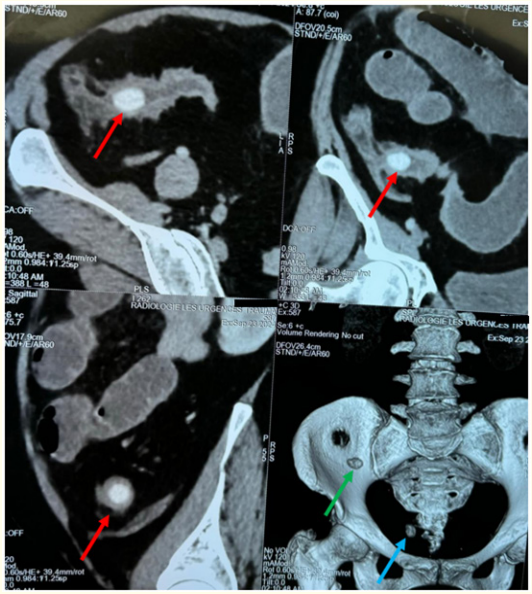

Figure 1: CT scan showing a foreign body completely obstructing the intestinal lumen, with upstream small-bowel dilation (red arrow). The 3D reconstruction demonstrates one foreign body projected toward the right iliac fossa (green arrow) and a second one located in the pelvic region (blue arrow).

Intraoperative exploration revealed a stenosing thickening of the terminal ileal loop (Figure 2), with no other intestinal wall abnormalities. An ileocecal resection including the thickened terminal ileal segment was performed, followed by an ileocolic anastomosis without complications.

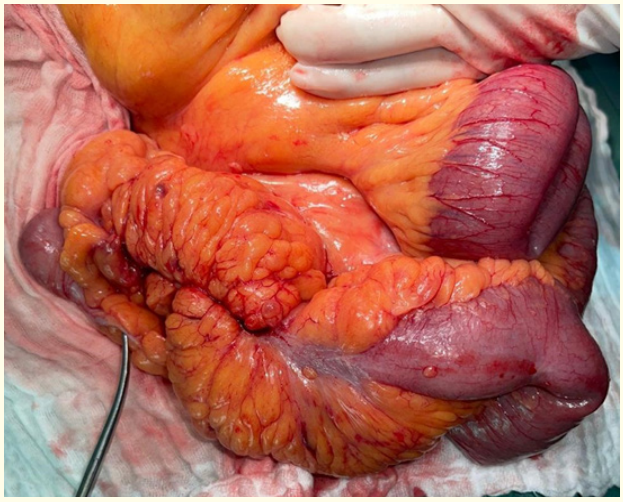

Figure 2: Intraoperative image showing a thickened terminal ileal loop with mesenteric retraction surrounding it.

Histopathological examination of the surgical specimen revealed chronic ileocolitis with acute exacerbation, consistent with an active flare of Crohn's disease. The ileal and colonic margins were free of lesions.

The postoperative course was uneventful. The patient was reviewed at one and three months post-surgery; she was in good general condition and remained under follow-up for Crohn's disease.

Discussion

The characteristic clinical features of mechanical small-bowel obstruction include abdominal pain, vomiting, abdominal distension, and constipation [6].

Several studies have shown that approximately 80% of ingested foreign bodies that reach the stomach pass spontaneously through the gastrointestinal tract without complications. However, pre-existing intestinal pathology may predispose to complications such as obstruction, perforation, or hemorrhage [3]. These complications occur in 1–5% of cases [7]. Therefore, it is essential to investigate underlying gastrointestinal disease in patients presenting with persistent symptoms after ingestion of a foreign body that has not been expelled.

In an inflammatory context, intraluminal obstruction may occur due to slowed intestinal transit, leading to accumulation of intestinal contents until complete blockage (enterolithiasis), or due to the presence of a large foreign body unable to pass through a narrowed intestinal lumen, thereby converting an initially unobstructed segment into a completely occluded one [8].

Intestinal strictures are among the most common and challenging complications of Crohn's disease [2]. Moreover, inflammatory obstruction is one of the main surgical indications for small-bowel resection [9].

Conclusion

Although Crohn's disease usually presents with a chronic clinical course, it may exceptionally manifest as an acute intestinal obstruction, particularly in the presence of strictures or following ingestion of a foreign body. This case highlights the importance of considering Crohn's disease in the differential diagnosis of any unexplained intestinal obstruction.

It also reinforces the need for heightened vigilance in patients with a history of inflammatory digestive symptoms or persistent complaints following foreign body ingestion.

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