

## Clinical Image

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# Diaphragmatic strictures secondary to chronic NSAID use

Ankit Agarwal; Chhagan Lal Birda; Ashish Agarwal\*

Department of Gastroenterology, All India Institute of Medical Sciences, Jodhpur, India.

**\*Corresponding Author: Ashish Agarwal**

Associate Professor, Department of Gastroenterology,  
All India Institute of Medical Sciences, Jodhpur, India.  
Email: drashu123@gmail.com

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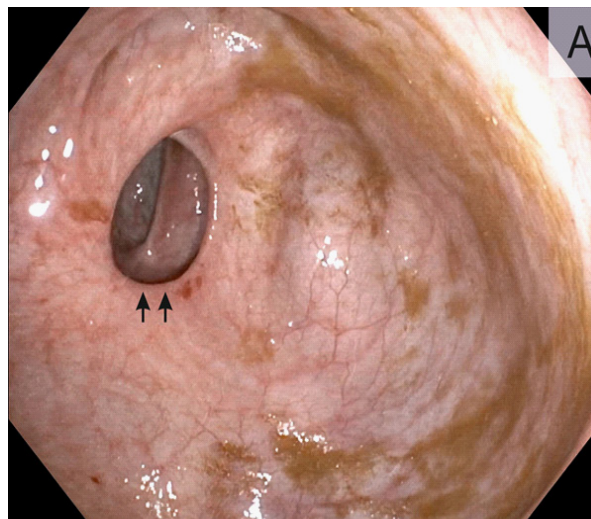
### Description

A 27-year-old male presented to the gastroenterology clinic with a 3-year history of abdominal pain and easy fatigability. On physical examination, there were bilateral large and small joint deformities. Medication history was notable for daily ingestion of over-the-counter tablet diclofenac (100 mg) twice daily for more than 15 years for joint pain. Laboratory testing revealed anemia (hemoglobin 8.7 g/dl, [reference 11-15 g/dl]) and hypoalbuminemia (3.1 g/dl, [reference 3.5-5.0 g/dl]). Upper gastrointestinal endoscopy was normal. Colonoscopy showed presence of diaphragm-like strictures in the ascending colon (Figure 1) and terminal ileum (Figure 2). Computed tomography (CT) of the abdomen showed multifocal short-segment strictures in jejunum and ileum (Figure 3, Arrow). Colonic biopsies were unremarkable. A diagnosis of NSAID enteropathy secondary to RF-negative polyarticular juvenile idiopathic arthritis was made. NSAID enteropathy is an entity that occurs due to long term ingestion of NSAIDs [1]. Diagnosis requires the exclusion of other causes of stricture formation, particularly Crohn's disease [2]. Management includes discontinuation of NSAID's [3]. Patient was started on steroids and iron supplementation in consultation with rheumatology team. After 6 weeks anemia improved and steroids were tapered and switched to steroid sparing agents.

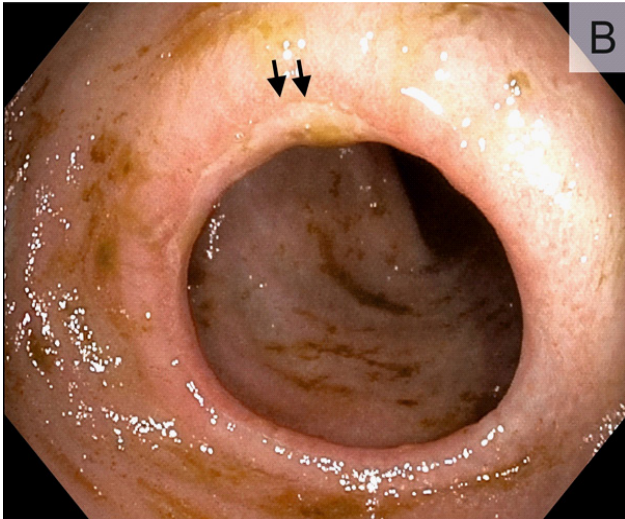
### Declarations

**Contributors:** CLB, AA treated the patient. AA drafted the manuscript. AA provided critical revision of the report. All authors reviewed and approved the final version.

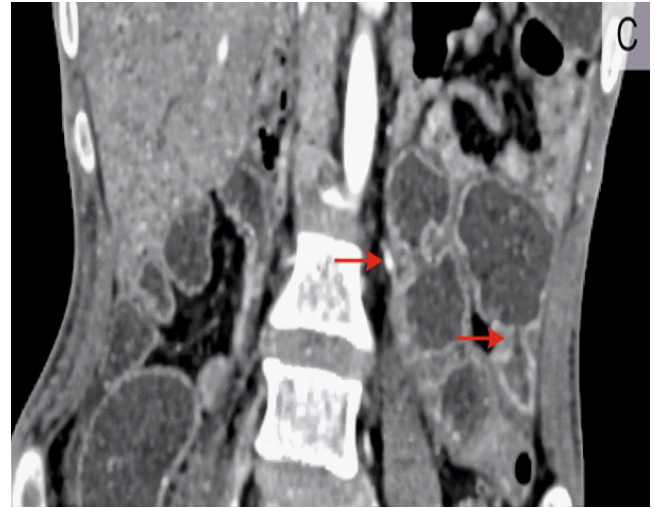
**Competing interests:** We declare no competing interests.



**Figure 1:** Diaphragm like stricture in ascending colon on colonoscopy.



**Figure 2:** Terminal ileal stricture



**Figure 3:** Axial scan showing stricture in small bowel with prestenotic dilatation.

### References

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