Diagnosis of Crohn’s Disease And Ulcerative Colitis in a 22-Year Old Male College Lacrosse Player: A Case Study
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Background Information: This case presents a 22 year old male Division I lacrosse player who had started experiencing unusual gastrointestinal problems during his sophomore year of high school. Symptoms started as bloody bowel movements, which left standing blood afterwards. These bloody stools were coupled with intense stomach pains and fatigue that disallowed him from being attentive in class and during practice. The condition worsened to the point where the patient lost 12 lbs after spending 12 straight hours in the bathroom, vomiting and making bowel movements. Afterwards, he told his mother about his persisting problems and they consulted his pediatrician. The pediatrician referred them a gastroenterologist immediately. Differential Diagnoses: Dyspepsia, gastritis, peptic ulcer, viral gastroenteritis (“stomach flu”), colorectal cancer, Crohn’s Disease, ulcerative colitis, and irritable bowel syndrome (IBS). Treatment: After an initial visit to the gastroenterologist, the patient was referred to have a biopsy of his intestinal tract via a colonoscopy. The colonoscopy was followed by an upper GI test as well as a Dexascan to check his bone density. Blood was also drawn to test for other diseases. The tests led to a final diagnosis of Crohn’s Disease and ulcerative colitis, with some signs of intestinal bowel disease. The patient had a 6 to 8 inch portion of his intestine between his small and large intestine affected by ulcerative colitis. The patient was prescribed anti-inflammatory Pentasa (2000mg 2x a day), as well as Omega 3 and folic acid tablets. The patient was instructed to avoid difficult-to-digest foods, such as nuts, popcorn and high-fat foods. Though urged to rest, he was never restricted from sports and continued to compete as tolerated. The patient was able to play lacrosse all four years of college. Throughout his college career, it was necessary for him to be honest about how he was feeling and communicate this to the Athletic Training staff. Stressful weeks at school often led to flare ups of his condition in which he would feel intestinal pains at a more constant rate and higher intensity. In order to decrease the intestinal pain, he had to work on relaxation techniques to decrease his stress levels. During lacrosse season he would tell the Athletic Training staff if he was having a bad week and the message would be relayed to the coach. When experiencing flare-ups he was allowed to rest at his own will and was never asked to push through it for the better of the team. The Athletic Training staff would also make sure he remained well hydrated. Uniqueness: Crohn’s disease and ulcerative colitis are often genetically linked conditions, but in this case there was no pertinent family medical history. There was also no personal medical history indicative of either disease prior to his diagnosis. Due to the location of the affected area and the type of symptoms he experiences, the patient is among 2% of Crohn’s patients with Ulcerative Colitis. Approximately 70% of Crohn’s patients and 30% of Ulcerative Colitis patients require surgery as a suggested protocol. Conclusions: Crohn’s disease affects each individual differently and the severity of the symptoms is dependent on the location of the disease within the GI tract. This patient was able to compete at a high level for a number of years and manage his conditions without surgery. This case highlights the importance of patient to athletic trainer communication when caring for a patient with a potentially debilitating condition. This case also helps to stress the importance of educating oneself on general medical conditions and associated interventions for patients with similar pathologies. Word Count: 589