concerning for another diagnosis besides CD. Our case further highlights the need for histologic confirmation of CD before ruling out other etiologies. Of the few hundred reported cases of Signet Ring Cell Carcinoma (SRCC), only one other previous case of appendiceal SRCC with a similar presentation has been reported. Metastatic appendiceal adenocarcinoma has a 7% five-year survival rate, with signet cell type metastasizing in 76% of cases at time of diagnoses, making early detection critical.

S2312

Management Dilemmas of an Intra-Abdominal Abscess in Crohn’s Disease

INTRODUCTION: Intra-abdominal abscess is a common complication affecting 10-28% of patients with Crohn’s disease. Abscesses often affect the peritoneum and the retroperitoneum. These abscesses are often formed spontaneously by fistula, hematologic seeding, or with surgical intervention.

CASE DESCRIPTION/METHODS: An 18-year-old male with Crohn’s disease presents with fever, right hip pain, and increasing loose stools. CT abdomen showed active colitis involving the cecum, ascending colon and distal ileum. There was also fistulization from the ascending colon or terminal ileum to an irregular right-sided iliopsoas abscess which measured approximately 6.6 x 4.9 x 4.3 cm. A percutaneous drainage (PD) catheter was placed into the abscess and he was managed with antibiotics and steroids. He was discharged with the drain in place due to high volume output. About three weeks later, patient was found to be septic with increasing purulent drainage and pain in the drain site. Repeat CT abdomen showed almost complete resolution of abscess but minimally improved mural thickening of the terminal ileum, cecum and proximal ascending colon as well as extensive phlegmonous changes in the iliopsoas muscle. He was again treated and discharged on antibiotics and steroids. In the outpatient IBD clinic, steroids were tapered and he was started on infliximab 5 mg/kg monotherapy with proactive therapeutic drug monitoring. His drain was removed.

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after he had minimal output and a fistulogram without persistent abscess or fistula. His infliximab was increased to 10 mg/kg every 6 weeks after being sub-therapeutic week 10.

**DISCUSSION:** Crohn’s disease complicated by intra-abdominal abscess presents two management dilemmas. First, is the method for drainage of the abscess. Traditionally, abscesses were treated with early surgical intervention. Currently, initial PD is favored as it allows for either avoidance of surgery and it decreases the likelihood of a multi-stage surgery. PD is successful in 74-100% of cases, although 8-20% will need more than one drainage. The second dilemma is the use of immunosuppression to treat active Crohn’s disease which could theoretically worsen the abscess. This has not been well studied but in a case series, 55% of patients had abscess resolution and were able to avoid surgery when treated with both high-dose steroids and antibiotics. Some experts favor initiation of anti-TNF therapy immediately after PD placement, while others wait for complete drainage of the abscess.

**REFERENCES:**

1. Postmastectomy and adjuvant chemotherapy presented to clinic with abdominal pain and rectal bleeding. Prior colonoscopy on 6/26/17 only revealed pan-colonic diverticulosis. Colonoscopy on 10/12/18 revealed non-bleeding internal hemorrhoids, left-sided diverticulosis, sigmoid erythema/inflammation, and a normal terminal ileum. Sigmoid biopsies revealed chronic active colitis. She was started on Lialda with symptom resolution. The patient relapsed and was subsequently started on preduvion. Given the improvement with corticosteroids and suspension of IBD, the patient was started on ustekinumab with a steroid taper and symptoms remained improved. Follow-up positron emission tomography scan for her breast cancer revealed uptake along the esophagus with development of mediastinal and bilateral hilar lymphadenopathy. Since there was concern for cancer, an EGD was performed, revealing only reflux esophagitis. Biopsies by pulmonology of her lymphadenopathy (ERUS) revealed noncaseating granulomatous lymphadenopathy without evidence of malignancy. Ustekinumab was increased to 10 mg/kg every 6 weeks after being sub-therapeutic week 10.

**DISCUSSION:** Data from preclinical studies suggest that intestinal dysbiosis might be involved in the pathogenesis of certain neurodegenerative diseases. Patients with MS demonstrate significant differences in the composition of their microbiome when compared to controls. Increased levels of the phylogenetic group Flavobacteria have been found in patients with MS; these organisms are associated with activation of APC and expression of IFN-γ. Experimental models have shown that during an MS relapse, there is a reduction of IgA-bound fecal bacteria which alters the microbiota and reduces the elimination of gut-tropic pathogens. The effects of diet on MS are partially understood. High fiber diet modulates mucosal immunity through the microbial production of fatty acids that maintain the mucosal barrier, produce secretory IgA, and induce ThT regulatory responses. It seems reasonable to consider FMT for the treatment of MS by replenishing microbial diversity. Our case along with previous reports should prompt the development of randomized clinical trials to confirm these observations.

**REFERENCES:**

1. A 52-year-old female with remitting relapsing MS diagnosed twenty years ago presented to our clinic for recurrent CDI. She reported watery diarrhea, abdominal pain, fecal incontinence, and 30-pound weight loss. Her symptoms started after being treated for a chest infection with azithromycin and dexamethasone. Colonoscopy revealed noncaseating granulomatous ileitis. Ustekinumab was initiated with a steroid taper and symptoms remained improved. Follow-up positron emission tomography scan for her breast cancer revealed uptake along the esophagus with development of mediastinal and bilateral hilar lymphadenopathy. Since there was concern for cancer, an EGD was performed, revealing only reflux esophagitis. Biopsies by pulmonology of her lymphadenopathy (ERUS) revealed noncaseating granulomatous lymphadenopathy without evidence of malignancy. Ustekinumab was increased to 10 mg/kg every 6 weeks after being sub-therapeutic week 10.

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