



Crohn's Disease and Graves' Disease: An Exceptional Diagnostic and Therapeutic Challenge

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Letter to the Editor

Crohn's Disease (CD) is a chronic inflammatory bowel disease primarily affecting the terminal ileum and colon. Graves' Disease (GD) is an autoimmune thyroid disorder characterized by hyperthyroidism. The coexistence of these two autoimmune conditions is rare and raises important questions regarding their shared pathophysiological mechanisms and optimal management strategies.

We report the case of a 22-year-old woman with a two-year history of Graves' disease initially treated with synthetic antithyroid drugs. Due to therapeutic failure, she underwent radioiodine therapy, complicated by post-radiation hypothyroidism requiring hormone replacement therapy. Concurrently, she developed chronic diarrhoea with intermittent rectal bleeding. Colonoscopy with biopsies confirmed a diagnosis of Crohn's disease in an acute flare.

Although rare, this association has been reported, with some studies suggesting a bidirectional influence between these autoimmune disorders. Thyrotoxicosis may worsen during inflammatory flares of Crohn's disease and *vice versa* [1, 2]. Genetic, environmental, and immunological factors are implicated, but the precise link remains unclear [3].

Effective management of hyperthyroidism, particularly through radioiodine therapy, is essential given its impact on the severity of intestinal inflammatory episodes. Multidisciplinary care is therefore recommended to improve outcomes and quality of life in affected patients [4].

This case highlights the importance of vigilant monitoring in patients with multiple autoimmune diseases to promptly identify such rare associations and tailor therapeutic approaches accordingly.

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