Clinical Features
Our patient is a 17 year old Somalian female student with severe perianal Crohn’s disease. She was first diagnosed in 2009 when she was 10 year old with fistulating perianal disease and a rectovaginal fistula.

Initial treatments included azathioprine, mercaptopurine and methotrexate but these resulted in no symptom improvement.

Infliximab was commenced in 2011. Despite two years of infliximab treatment terminal ileal inflammation and rectosigmoid ulceration persisted.

Biologic therapy was changed to adalimumab in 2013. The dose was increased from fortnightly to weekly in mid 2014, however colitis and perianal disease persisted.

In September 2014 she underwent a diverting loop ileostomy, resulting in transient symptom improvement post-surgery.

Symptom recurrence led to multiple hospital admissions for perianal wounds and sepsis between October 2015 and January 2016.

In January 2016 adalimumab treatment was ceased. She remained on mercaptopurine.

Conclusion
Thalidomide has resulted in significant symptom improvement in this young woman with severe refractory Crohn’s disease where traditional treatments and two biologic agents had failed. Unfortunately toxicity necessitated withdrawal of thalidomide treatment in our patient.