# Esophageal Crohn's disease

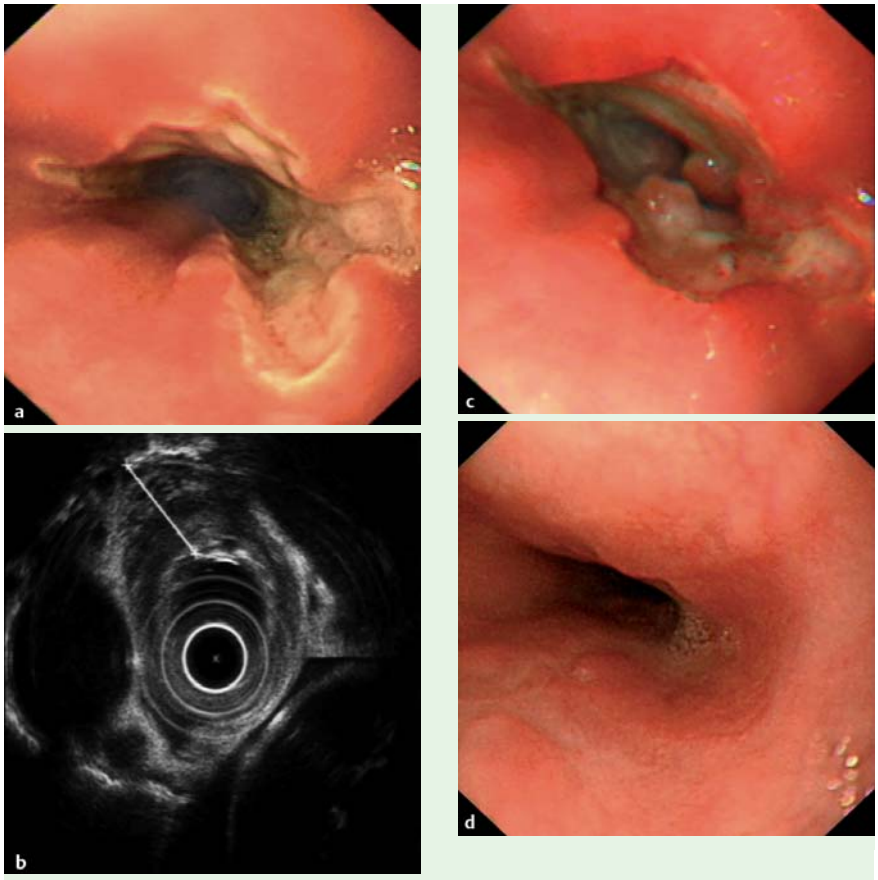


**Fig. 1** Endoscopic and endoscopic ultrasonographic appearance of esophageal Crohn's disease. **a** Before treatment, an esophageal lesion with a central ulcer is seen that took up two-thirds of the circumference. The base of the ulcer exhibits a cobblestone-like appearance. **b** Endoscopic ultrasonography showed a heterogeneous echo in the esophageal wall with strand-like hyperechoic areas. Two enlarged lymph nodes 3–4 mm in diameter were observed as a low-echo signal. The thickness of the esophageal wall was 15.4 mm. **c** After antituberculosis therapy, the lesion spread to the whole circumference with a more obvious cobblestone-like ulcer base. **d** After appropriate treatment, the ulcer disappeared and the injured mucosa was repaired with only a scar left.

Esophageal involvement in Crohn's disease is uncommon event, especially solitary esophageal Crohn's disease, with an incidence ranging from 0.3% to 2% [1–3]. We report a case of solitary esophageal Crohn's disease.

A 46-year-old Chinese woman was admitted to hospital in April 2007, presenting with a history of continuous mouth ulcers, pain on swallowing, and chest pain; she had been unable to take solid food for 5 months. Gastroscopy revealed one huge ulcer in the esophagus, located 28–33 cm from the upper incisors and around two-thirds of the circumference, with its base of a cobblestone appearance (**Fig. 1a**). Histological examination of biopsy specimens from the ulcer margin revealed chronic inflammation. Endoscopic ultrasonography showed a heterogeneous hypoechoic lesion with a thickened wall around 9–15 mm in the esophagus; all five layers of the esophageal wall were disordered, the adventitia was interrupted, and mediastinal lymphadenitis was present (**Fig. 1b**). Colonoscopy and barium studies of the small intestine as well as capsule endoscopy revealed no abnormality. At first, antituberculosis treatment was applied as a diagnostic therapy, but 1 month later the esophageal ulcer expanded to the full circumference and became deeper (**Fig. 1c**). Then esophageal Crohn's disease was considered. Treatment started with prednisone (40 mg p.o., q.d.) and olsalazine (1000 mg p.o., t.i.d.). The prednisone was gradually withdrawn over 3 months and the olsalazine (500 mg t.i.d.) was maintained for 1 year. In the follow-up period, gastroscopy showed the ulcer disappearing gradually and the mucosal lesion being completely repaired piece by piece (**Fig. 1d**).

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AZ

**G.-C. Lou[1], J.-M. Yang[1], W. Huang[1], J. Zhang[1], B. Zhou[2]**

[1] Department of Gastroenterology, Zhejiang Provincial People's Hospital, Hangzhou, China

[2] Harvard Stem Cell Institute, Children's Hospital Boston and Harvard Medical School, Boston, Massachusetts, USA

## References

1 *Naranio-Rodriguez A, Solorzano-Peck G, Lopez-Rubio F et al.* Isolated oesophageal involvement of Crohn's disease. Eur J Gastroenterol Hepatol 2003; 15: 1123–1126

2 *Heller T, James SP, Drachenberg C et al.* Treatment of severe esophageal Crohn's disease with infliximab. Inflamm Bowel Dis 1999; 5: 279–282

3 *Rudolph I, Goldstein F, DiMarino AJ jr. et al.* Crohn's disease of the esophagus: three cases and a literature review. Can J Gastroenterol 2001; 15: 117–122

**Bibliography**

**DOI** 10.1055/s-0029-1214498

Endoscopy 2009; 41: E257



ISSN 0013-726X

**Corresponding author**

***J.-M. Yang, MD***

Department of Gastroenterology

Zhejiang Provincial People's Hospital

Hangzhou 310014

China

Fax: +86-571-85131448

jianminyang@hotmail.com