A 40-year-old male plasterer was assessed in the gastroenterology outpatient clinic to investigate the cause of iron-deficiency anemia and raised inflammatory markers (hemoglobin 7.7 g/dL, mean corpuscular volume 67 fl, iron level 231 mol/L, erythrocyte sedimentation rate 106 mm/hour, C-reactive protein 91 mg/L). On direct questioning he reported a 2-year history of lethargy, 6-kg weight loss despite a normal appetite, and no bowel symptoms. On examination the patient was visibly cachectic, and had gynecomastia and axillary lymphadenopathy. He was admitted to hospital for further investigations.

A thoracoabdominal computed tomography scan showed abdominal lymphadenopathy, which was thought to be reactive. A gastroscopy showed edema of the duodenum, brown discoloration of the mucosa, erythematous spots, and subepithelial hemorrhages [1]. A previous report of capsule endoscopy in a case of Whipple’s disease that was unresponsive to antibiotics noted areas of bleeding throughout the jejunum [2]. We observed similar changes in the duodenum, which extended throughout the proximal small bowel, prior to the start of antibiotic treatment. Interestingly, although gross features were only observed in the duodenum and jejunum, identical histologic features were found in the duodenum, ileum, and colonic biopsies. With more evidence for the endoscopic appearances of Whipple’s disease becoming available, capsule endoscopy promises to be a useful diagnostic tool in this disease.

Whipple’s disease is rare, and endoscopic changes tend to be within the small bowel, which has meant there are very few reports of the endoscopic appearance of the disease. A recent case series has reported edema of the duodenum, brown discoloration of the mucosa, erythematous spots, and subepithelial hemorrhages [1].

References

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