

Esophageal Crohn's disease

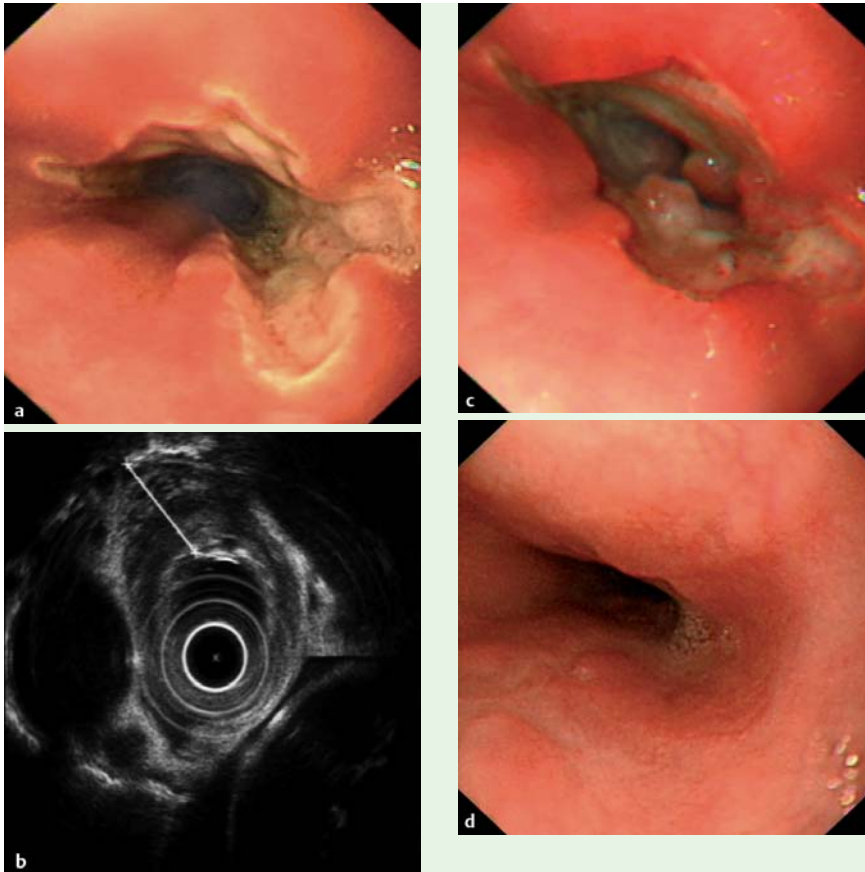


Fig. 1 Endoscopic and endoscopic ultrasonographic appearance of esophageal Crohn's disease. **a** Before treatment, an esophageal lesion with a central ulcer is seen that took up two-thirds of the circumference. The base of the ulcer exhibits a cobblestone-like appearance. **b** Endoscopic ultrasonography 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 consid-

ered. 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 The prednisone was gradually withdrawn over 3 months and the olsalazine (500 mg t.i.d.) was maintained for 1 year.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).

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