Esophageal Crohn’s disease

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 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-