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 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. After antituberculosis therapy, the lesion spread to the whole circumference with a more obvious cobblestone-like ulcer base. After appropriate treatment, the ulcer disappeared and the injured mucosa was repaired with only a scar left.

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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.

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