A 57-year-old man presented with chronic fatigue, weakness, irritability, and lack of concentration. Physical examination revealed pale skin with grooved and brittle nails. In addition, hyperpigmented mucocutaneous lesions were noted in the mouth. Laboratory investigation was remarkable for iron deficiency anemia. Esophagogastroduodenoscopy (EGD) disclosed a large polypoid mass in the gastric cardia (Fig. 1a). Chromoendoscopy with methylene blue (1% dilution) revealed a Kudo pit pattern 3L (large roundish and tubular pits; Fig. 1b) which was confirmed by narrow-band imaging (Fig. 1c). Confocal laser endomicroscopy (EC-3870 CIFK, Pentax, Tokyo, Japan) showed disorganization of glands with suspicion of different cell types but no cellular atypia (Fig. 1d). Endocytoscopy (XEC-120-U, Olympus, Tokyo, Japan) showed normal cells without nuclear or cytoplasmic changes (Fig. 1e), and endoscopic ultrasound showed enlargement of the mucosa without muscularis infiltration (Fig. 1f). Subsequently, an oral double-balloon endoscopy (Fujinon, Omiya, Japan) disclosed multiple polyps in the jejunum, most of them smaller than 10 mm in diameter (Fig. 1g). Endoscopic examination was completed with ileocolonoscopy, which revealed multiple polyps ranging in size from 2 mm to 25 mm (Fig. 1h).

Following genetic analysis, which disclosed mutation of the serine threonine kinase 11 (STK11)/LKB1 gene, a diagnosis of Peutz–Jeghers syndrome was made. Peutz-Jeghers syndrome, an autosomal dominant condition, is characterized by hamartomatous polyps in the gastrointestinal tract and mucocutaneous melanin pigmentation, and is caused by a germline mutation of the STK11 gene. Patients are at an increased risk of developing different types of gastrointestinal and non-gastrointestinal tumors. Most authorities recommend polypectomy for gastric/colic polyps larger than 10 mm, and surgery is recommended for symptomatic or rapidly growing small intestinal polyps and asymptomatic polyps greater than 10–15 mm in diameter [1]. In our patient, all the polyps greater than 5 mm in diameter were removed in multiple sessions from the stomach, jejunum (using double-balloon endoscopy), and colon. Histopathological analysis revealed hamartomatous polyps. Follow-up EGD and colonoscopy were performed after 6 months. In keeping with international guidelines, surveillance endoscopy of the stomach, small bowel, and colon will now be performed every 2 years.

Competing interests: None

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H. Neumann1, M. Vieth2, J. Mudter1, M. Raithel1, M. F. Neurath1
1 Department of Medicine I, University of Erlangen-Nuremberg, Erlangen, Germany
2 Institute of Pathology, Klinikum Bayreuth, Bayreuth, Germany

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Corresponding author
H. Neumann, MD, PhD
Department of Medicine I
University of Erlangen-Nuremberg
Ulmenweg 18
91054 Erlangen
Germany
Fax: +49-9131-8535209
helmut.neumann@uk-erlangen.de