

## Distal esophageal involvement in Crohn disease: short treatment with adalimumab

The proximal gastrointestinal tract is involved in Crohn disease in less than 4% of cases [1]. Esophageal involvement occurs in between 0.3% and 2% of the total patient population [2]. Upper gastrointestinal involvement is symptomatic or, more rarely, can be asymptomatic, as described by Souza et al. [3].

We report the case of a 49-year-old Italian man who presented with epigastric pain, poor appetite, weight loss, abdominal pain, and diarrhoea. He had already undergone a colonoscopy with retrograde ileoscopy with biopsies, which led to the diagnosis of Crohn disease. Laboratory tests confirmed the active phase of the disease (erythrocyte sedimentation rate 40 mm/hour, C-reactive protein 27 mg/L). Esophagogastroduodenoscopy (EGDS) performed 1 month after the patient's proximal symptoms were first treated with a proton pump inhibitor showed a lesion with a diameter of about 18 mm at the distal third of the esophageal mucosa (● Fig. 1).

Histological examination of multiple biopsies showed features compatible with Crohn disease. The patient subsequently underwent pretreatment screening for biological drugs and was given a first injection of adalimumab (Humira) at a dose of 160 mg subcutaneously. A second injection (80 mg subcutaneously) was given 15 days later, with subsequent rapid improvement in his proximal symptoms as well as the symptoms related to the ileocecal location. At 3 months after his initial presentation, follow-up EGDS showed a hyperemic mucus lining with healing of the ulcer over a wide area in the distal third of the esophagus (● Fig. 2).

Currently the patient's disease is in remission.

**Competing interests:** None

Endoscopy\_UCTN\_Code\_CCL\_1AB\_2AC\_3AZ

**D. Musto, L. Martorelli, A. Cirillo, F. Selvaggi, P. Esposito, M. I. Russo, G. Riegler**  
Unit of Gastroenterology and Digestive Endoscopy - IBD Center, Seconda Università degli Studi di Napoli, Napoli, Italy

### References

- 1 Mottet C, Juillerat P, Pittet V et al. Upper gastrointestinal Crohn's disease. *Digestion* 2007; 76 Suppl 2: 136–140
- 2 Lou G-C, Yang JM, Huang W et al. Esophageal Crohn's disease. *Endoscopy* 2009; 41: E257
- 3 Souza JLS, da Silva JG, Sipahi AM. Crohn's disease of the esophagus without inflammatory activity confirmed by the use of endoscopy with narrow-band imaging. *Endoscopy* 2009; 41: E188

### Bibliography

DOI 10.1055/s-0030-1255788

*Endoscopy* 2010; 42: E299

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

### Corresponding author

**D. Musto**

Seconda Università degli Studi di Napoli – Unit of Gastroenterology and Digestive Endoscopy, IBD Center

Piazza Miraglia

1 Naples 80138

Italy

Fax: +39-0815665112

dario.musto@alice.it



**Fig. 1** Pre-treatment esophagogastroduodenoscopy showing the area of ulceration in the distal esophagus.



**Fig. 2** Post-treatment esophagogastroduodenoscopy showing the healing ulcer.