We describe the case of a 59-year-old Japanese woman presenting with recurrent proctorrhagia. Her clinical history was unremarkable except for recently presenting alopecia, dysgeusia, and onychodystrophy. Ileocolonoscopy showed multiple strawberry-like sessile polyps ranging from 5 to 20 mm in size in the rectosigmoid (Fig. 1).

Upper endoscopy demonstrated hyperplastic gastric plicae and many sessile polyps of 5–15 mm in size spreading from the stomach to the distal duodenum (Fig. 2a, b). i-SCAN digital contrast (I-SCAN) and optical enhancement virtual chromoendoscopy (Optivista EPK-i7010 video processor; Pentax, Tokyo, Japan) were activated to increase the detection of subtle mucosal changes, revealing several erosion-like mucosal defects within the surface of the polyps (Video 1). During withdrawal, the dynamics of a major duodenal papillary prolapse were clearly observed within the context of a large, laterally spreading, superficial, and elevated polyloid projection (Video 1).

Targeted biopsy samples showed histological features consistent with a diagnosis of Cronkhite–Canada syndrome (Fig. 3a, b). A capsule endoscopy excluded additional polyp locations and systemic steroid treatment was introduced to reduce both polyp formation and bleeding.

Cronkhite–Canada syndrome is an extremely rare nonhereditary gastrointestinal polyposis, with 450 cases reported in the literature, mainly in the Japanese population [1]. The syndrome usually presents with a triad of dermatologic disorders, including alopecia, onycho-dystrophy, and hyperpigmentation, associated with a variable degree of gastrointestinal symptoms including diarrhea, malabsorption, and hemorrhage [2]. Cronkhite–Canada polyps are usually sessile, with abundant stromal edema, hyperplastic glands, and cystic mucous retention, plus mild inflammation with predominant eosinophilic infiltrate within the surrounding mucosa [3]. The prognosis for Cronkhite–Canada syndrome is often unfavorable, because of complications (malabsorption, gastrointestinal...
hemorrhage, or intussusception) and the lack of standardized treatments [4]. The malignant transformation of polyps is still a matter of debate and no validated protocols for endoscopic surveillance are available [5].

Endoscopy_UCTN_Code_TTT_1AO_2AC

Competing interests

None

The authors

Beatrice Marinoni1, Gian E. Tontini1, Luca Ellì1, Barbara Bruni2, Marco Maggioni3, Luca Pastorelli4,5, Maurizio Vecchi1,6
1 Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca’ Granda Ospedale Maggiore Policlinico, Milan, Italy
2 Pathology and Cytodiagnostic Unit, IRCCS Policlinico San Donato, San Donato Milanese, Italy
3 Pathology Unit, Fondazione IRCCS Ca’ Granda Ospedale Maggiore Policlinico, Milan, Italy
4 Gastroenterology and Digestive Endoscopy Unit, IRCCS Policlinico San Donato, San Donato Milanese, Italy
5 Department of Biomedical Sciences for Health, University of Milan, Milan, Italy
6 Department of Pathophysiology and Transplantation, University of Milan, Milan, Italy

Corresponding author

B. Marinoni, MD
Ospedale Maggiore Policlinico, Gastroenterology and Endoscopy Unit, Via commend 12 Milano, Milano Lombardia 20122, Italy
Fax: +39-2-55033414
bea_marinoni@hotmail.it

References


ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos