

Distal esophageal involvement in Crohn disease: short treatment with adalimumab

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

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

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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.