

## A fulminant course of Cronkhite-Canada syndrome

A 57-year-old man suffered from watery diarrhea, weight loss, and abdominal pain for 4 months. Noticeable signs of nail dystrophy (onychomadesis of all nails) were present (● Fig. 1 a) along with alopecia and cutaneous foci of hyperpigmentation (● Fig. 1 b).

Upper-gastrointestinal endoscopy revealed a large number of strawberry-like polyps of different size in the stomach (● Fig. 2).

Colonoscopy revealed polyposis of the whole colon, including the rectum. The majority of the polyps had a strawberry-like, adenomatous, and hyperplastic appearance (● Fig. 3).

Histologically, the majority of the polyps were juvenile-like with cystic dilatations of the glands and a benign mucinous epithelium. The glands were filled with a large amount of mucin (● Fig. 4).

Some adenomatous polyps with low-grade dysplasia in the colon were also detected. A subsequent enteroscopy did not find polyps; however, edema and small indentation of the jejunum were present. Immunohistochemistry showed total alactasia and a strong positivity for tumor necrosis factor (TNF) in the macrophages and lymphocytes. Based on both the clinical and endoscopic picture, a diagnosis of Cronkhite-Canada syndrome was established.

Despite complex treatment, the clinical course was unfavourable. Since the clinical state of the patient did not improve, anti-TNF- $\alpha$  treatment was considered. TNF- $\alpha$  activity was examined in the small-intestinal mucosa, and the results showed a strong intracellular expression of TNF- $\alpha$ . Unfortunately, an experimental anti-TNF- $\alpha$  treatment could not be introduced, because of the rapid progression of the disease. The patient died 4 months after the diagnosis of Cronkhite-Canada syndrome was established.

### Video 1

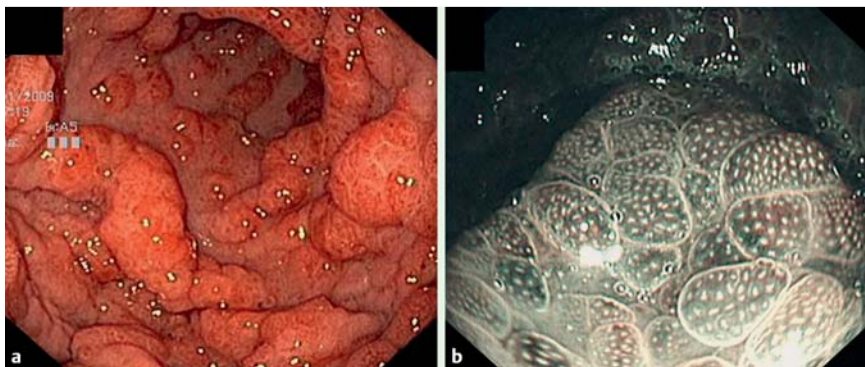
Endoscopy of the stomach.

### Video 2

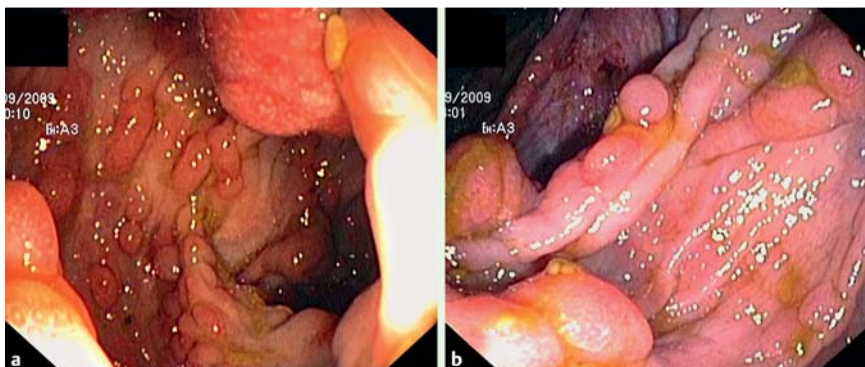
Endoscopy of the colon.



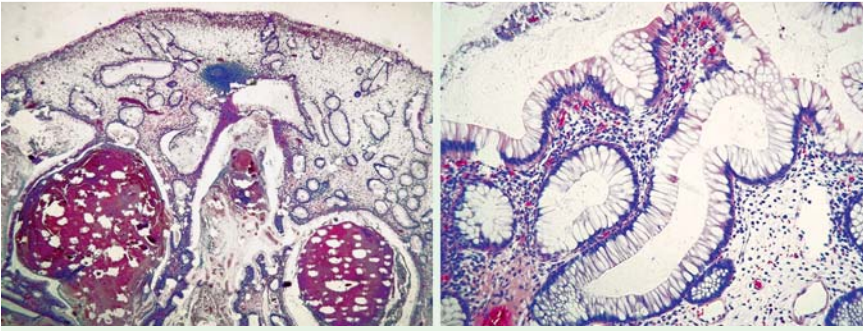
**Fig. 1** Main physical findings. **a** All 20 nails with onychomadesis about 3 mm from the lunula. Several nail plates have been lost. **b** Hands with several small foci of skin hyperpigmentation.



**Fig. 2** Endoscopic findings in the stomach. **a** Polyps of gastric body and antrum. **b** Detailed view of gastric polyp using zoom and narrow-band imaging mode; note the strawberry-like appearance.



**Fig. 3** **a, b** Endoscopic view of colonic polyps.



**Fig. 4** Histology. **a** Juvenile-like polyp with enlarged mucin glands. **b** Detailed view of mucinous glandular epithelium.

Cronkhite-Canada syndrome is a rare non-hereditary polyposis syndrome of an unknown, possibly autoimmune etiology. The prognosis is poor and more than 50% of patients die within 2–4 years [1,2]. Cronkhite-Canada syndrome should be considered in all patients with gastrointestinal polyposis together with emergent alopecia and/or nail dystrophy [3].

**Competing interests:** None

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## References

- 1 Tao K, Patel JK, Pampati V. Cronkhite-Canada syndrome: a case report and review of the literature. *Gastroenterol Res Pract* 2009; Article ID 619378
- 2 Goto A. Cronkhite-Canada syndrome: epidemiological study of 110 cases reported in Japan. *Nippon Geka Hokan* 1995; 64: 3–14
- 3 Kojima E, Tomita A, Matsumura M, Kinoshita I. Magnifying the endoscopic appearance of Cronkhite-Canada syndrome. *Gastrointest Endosc* 2009; 70: 1242–1243

## Bibliography

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