Esophageal post-inflammatory polyposis in extensive and severe Crohn’s disease treated with anti-tumor necrosis factor alpha

Post-inflammatory polyposis (PIP) of the large bowel is a common endoscopic finding in patients with inflammatory bowel disease as it results from reparative processes following severe inflammation. To date, extra-intestinal localization of PIP is exceptional and poorly understood [1–3]. Here we report the case of a 69-year-old man with a history of ileocolonic Crohn’s disease who presented to our department with diarrhea, weight loss, severe pyrosis, and dysphagia. Ileocolonoscopy and cross-sectional imaging showed severe and extensive inflammatory lesions consistent with the diagnosis of Crohn’s disease. The patient was initially treated with a course of systemic steroids plus full dosage of a proton pump inhibitor (PPI). Given the persistence of severe disease despite steroid treatment, he was started on anti-tumor necrosis factor alpha (TNFα) therapy, to which he showed an immediate global clinical response. A repeat upper gastrointestinal endoscopy 1 year later revealed healing of the esophageal mucosa but the presence of widespread filiform polyps of 3–6 mm in size and subtle scars (Fig. 2; Video 1). Histopathological analysis of the resected polyps showed no sign of active inflammation and microscopic architectural changes consistent with the diagnosis of esophageal PIP. This case is interesting for several reasons. First, we have provided detailed image and video documentation of an exceptional case of esophageal PIP using high definition and digital chromoendoscopy with i-scan. Secondly, we documented the first case of esophageal Crohn’s disease that healed with the use of anti-TNFα therapy and resulted in PIPs. Third, this case focused on uncommon clinical manifestation of upper gastrointestinal Crohn’s disease [4], which presented with symptoms of reflux disease non-responsive to PPIs, thus raising the clinical degree of suspicion.

Video 1
Repeat endoscopy after 1 year of anti-tumor necrosis factor alpha (TNFα) treatment showing post-inflammatory polyps in the mid and distal esophagus.

Post-inflammatory polyposis (PIP) of the large bowel is a common endoscopic finding in patients with inflammatory bowel disease as it results from reparative processes following severe inflammation. To date, extra-intestinal localization of PIP is exceptional and poorly understood [1–3]. Here we report the case of a 69-year-old man with a history of ileocolonic Crohn’s disease who presented to our department with diarrhea, weight loss, severe pyrosis, and dysphagia. Ileocolonoscopy and cross-sectional imaging showed severe and extensive inflammatory lesions consistent with the diagnosis of Crohn’s disease. The patient was initially treated with a course of systemic steroids plus full dosage of a proton pump inhibitor (PPI). Given the persistence of severe disease despite steroid treatment, he was started on anti-tumor necrosis factor alpha (TNFα) therapy, to which he showed an immediate global clinical response. A repeat upper gastrointestinal endoscopy 1 year later revealed healing of the esophageal mucosa but the presence of widespread filiform polyps of 3–6 mm in size and subtle scars (Fig. 2; Video 1). Histopathological analysis of the resected polyps showed no sign of active inflammation and microscopic architectural changes consistent with the diagnosis of esophageal PIP. This case is interesting for several reasons. First, we have provided detailed image and video documentation of an exceptional case of esophageal PIP using high definition and digital chromoendoscopy with i-scan. Secondly, we documented the first case of esophageal Crohn’s disease that healed with the use of anti-TNFα therapy and resulted in PIPs. Third, this case focused on uncommon clinical manifestation of upper gastrointestinal Crohn’s disease [4], which presented with symptoms of reflux disease non-responsive to PPIs, thus raising the clinical degree of suspicion.

Endoscopy_UCTN_Code_CCL_1AD_2AD

Competing interests: None

Paola Soriani1, Gian Eugenio Tontini1, Helmut Neumann2, Saud Ishaq3,4, Maria Laura Annunziata1, Luca Pastorelli1,5, Maurizio Vecchi1,5
1 Gastroenterology and Digestive Endoscopy Unit, IRCCS Policlinico San Donato, Milan, Italy
2 Department of Medicine, University Hospital Erlangen, Erlangen, Germany
3 St. George’s University, Grenada, West Indies

Soriani Paola et al. Esophageal PIP following anti-TNFα therapy for Crohn’s… Endoscopy 2016; 48: E261–E262
References


DOI http://dx.doi.org/10.1055/s-0042-110487

Endoscopy 2016; 48: E261–E262

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

Corresponding author
Paola Soriani, MD
Gastroenterology and Digestive Endoscopy Unit
IRCCS Policlinico San Donato
Via Morandi 30
San Donato Milanese
Milano 20097
Italy
paola.soriani@gmail.com