Multiple Mucosal Bridge Formation in the Esophagus in a Patient with Crohn’s Disease

Esophageal mucosal bridge formation is a very rare condition that can be caused by congenital anomalies (1), reflux esophagitis (2), mediastinal radiation therapy (3), ingestion of a corrosive agent (3), esophageal moniliasis (4), and injury from a nasoenteric feeding tube (5). We present here an unusual case of multiple mucosal bridge formation observed in the esophagus of a patient with Crohn’s disease.

A 34-year-old woman presented with diarrhea, lower abdominal pain, aphthous stomatitis, and erosion of the vulva. Radiographic and endoscopic examinations of the intestine revealed linear ulcers in the terminal ileum and cecum, an ileocecal fistula, shortening and tubulation of the descending and transverse colon, numerous inflammatory polyps in the ascending and transverse colon, and also cobblestone mucosa, ulceraions, fissures, and stricture of the rectum. Esophagography (Figure 1) and esophagoscopy (Figure 2a) revealed multiple mucosal bridges (more than 15) in the mid-esophagus and distal esophagus. Most of the mucosal bridges linked the anterior and posterior walls transversely across the lumen, and a few of them were located longitudinally. The surface of the mucosal bridges, as well as the surrounding mucosa, appeared to be almost smooth, but several healed ulcer scars were found (Figure 2a). Esophagoscopy on another occasion revealed aphthous ulcers disseminated in the esophagus (Figure 2b). Biopsies from the terminal ileum, colon, rectum, and esophagus revealed inflammatory changes, with no granuloma. She was diagnosed as having Crohn’s disease involving the esophagus as well as the small and large intestine.

Since she later suffered from severe anal fistulas and rectal cancer (at 41 years of age), surgical resection was performed. As she had only slight dysphagia attributable to the mucosal bridges, no invasive therapy was given for them. There was no predisposing cause for the mucosal bridges in our patient (1–5), and the inflammatory process of Crohn’s disease may therefore have contributed to their formation.

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Unusual Cases and Technical Notes

References


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