

Crohn's disease masquerading carcinoma of the esophagus

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ABSTRACT

We present a 47-year-old patient with progressive dysphagia. Upper gastro intestinal endoscopy revealed middle third esophageal ulcer, the histology of which was moderately differentiated carcinoma. The patient underwent 3-stage esophagectomy with cervical gastro esophageal anastomosis. The histopathology revealed Crohn's disease of the esophagus. The clinical features and diagnosis of this rare condition are described, with review of the literature.

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Involvement of the esophagus with Crohn's disease is rare, constituting only 0.2% of cases.¹ Because of the non specific endoscopic, and histological features, the diagnosis of this condition is challenging. We report a case of a 47-year-old patient who had esophagectomy for cancer suspicion, before it turned out to be Crohn's disease of the esophagus. Evidence of Crohn's disease elsewhere is an important parameter to establish the diagnosis of an esophageal lesion.²⁻⁴ The objective of this case presentation is to highlight the diagnostic challenge of isolated Crohn's disease of the esophagus.

Case Report. A 47-year old male presented with 9 weeks history of dysphagia, odynophagia, and weight loss. Upper gastro intestinal endoscopy carried out in a district hospital, revealed an abnormal growth in the middle 3rd of the esophagus. Histology of the endoscopic biopsy revealed large pleomorphic cells, with hyper chromatic nuclei in between mixed inflammatory cells, and granulation tissue formation consistent with

moderately, differentiated carcinoma. Endoscopy was repeated in our unit, and revealed a suspicious ulcer at 30 cm. The histology report was dysplasia with heavy infiltration of the sub epithelial connective tissue by lymphocytes, plasma cells, and eosinophils. The patient underwent successful subtotal esophagectomy through laparotomy, right thoracotomy, and esophago gastric anastomosis in the left side of the neck (Figure 1). Histology of the resected specimen confirmed the diagnosis of Crohn's disease of the esophagus.

Discussion. Crohn's disease of the esophagus is rare. Only 20 patients with esophageal involvement were identified in Mayo Clinic Rochester (USA) between 1976 and 1998. This constituted 0.2% of all cases of Crohn's disease.¹ Ohta et al² reported 77 cases of Crohn's disease of the esophagus, and Crohn's isolated esophageal lesions are even more scarce. The diagnosis of Crohn's disease of the esophagus poses a great challenge to clinicians, endoscopists, and pathologists. Symptoms are referable to the esophagus in 80% of cases, and these are mainly dysphagia, and odynophagia. Heartburn, substernal, or epigastric pain, and weight loss are the associated symptoms.^{1,2} Endoscopic features are classified into an inflammatory stage (stage 1), followed by stenosis (stage 2). The latter is caused by chronic inflammation and fibrosis, or both.³ In 85%, the lesion is an ulcer, followed by erythema, and minimal erosions. The histological appearances of the endoscopic biopsies are those of non specific inflammation.^{1,4,5} In most of the reported cases of esophageal Crohn's disease, the diagnosis was made based on the presence of pre-existing disease elsewhere, or the demonstration of asynchronous lesion in the ileocolic region.^{1,6,7} Isolated esophageal lesions were reported in 10 patients, but none of which were able to be diagnosed preoperatively.¹ The diagnosis was made on examination of resected specimens following surgery for esophageal fistula,⁴ or stricture.^{5,8} In the Mayo Clinic series, half of the patients with esophageal Crohn's disease improved with first line therapy, the other half required immuno modifier therapy. Six out of the 20 patients required esophageal dilatation, and surgery was required by 3 patients.¹ Delpre et al,⁹ reported a case of adenocarcinoma associated with isolated Crohn's

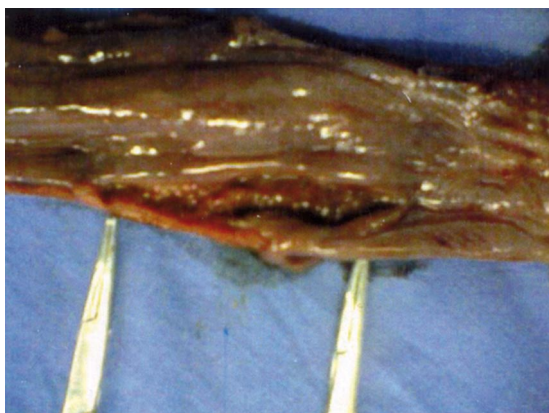


Figure 1 - Macroscopic picture of the resected esophagus showing an ulcer from Crohn's disease.

disease and Barrett's mucosa of the distal esophagus. In our patient, the great similarity in the clinical, endoscopic, and histological features to cancer, misled us to surgery.

Crohn's disease of the esophagus, though very rare, should be suspected in patients with dysphagia, and bizarre endoscopic and histological features, or both. Evidence of the disease elsewhere in the gastro intestinal tract could be of help in establishing the diagnosis to avoid unnecessary surgery.

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