

- 9 **McClellan M**, Keller S, Zhao V, *et al*. Daclizumab inhibits mitogen-stimulated Th1 and Th2 cytokine production from human PBMC. *J Allergy Clin Immunol* 2002;**109**:S24.
- 10 **Van Assche G**, Dalle I, Noman M, *et al*. A pilot study on the use of the humanized anti interleukin-2 receptor antibody daclizumab in active ulcerative colitis. *Am J Gastroenterol* 2003;**98**:369–76.
- 11 **Creed TJ**, Norman MR, Probert CS, *et al*. Basiliximab (anti-CD25) in combination with steroids may be an effective new treatment for steroid-resistant ulcerative colitis. *Aliment Pharmacol Ther* 2003;**18**:65–75.
- 12 **Schroeder KW**, Tremaine WJ, Ilstrup DM. Coated oral 5-aminosalicylic acid therapy for mildly to moderately active ulcerative colitis. A randomized study. *N Engl J Med* 1987;**317**:1625–9.
- 13 **Geboes K**, Ridell R, Ost A. A reproducible grading scale for histological assessment of inflammation in ulcerative colitis. *Gut* 2000;**47**:404–9.
- 14 **Krueger JG**, Walters IB, Miyazawa M, *et al*. Successful in vivo blockade of CD25 (high-affinity interleukin 2 receptor) on T cells by administration of humanized anti-Tac antibody to patients with psoriasis. *J Am Acad Dermatol* 2000;**43**:448–58.
- 15 **Busse WW**, Baker JW, Charous BL, *et al*. Preliminary safety and efficacy of patients with moderate to severe chronic persistent asthma. *JACI* 2004;**113**:S286–7.
- 16 **Poussier P**, Ning T, Chen J, *et al*. Intestinal inflammation in IL-2R/IL-2 mutant mice is associated with impaired intestinal T lymphopoiesis. *Gastroenterology* 2000;**118**:880–91.

EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause of polyposis

Robin Spiller, Editor

Clinical presentation

A 50 year old woman presented with progressive snoring of two months' duration. She denied fever, fatigue, or abdominal pain. On examination, a pharyngeal mass and generalised lymphadenopathy were noted. On palpation, there was no mass or tenderness in the abdomen. Routine blood examination was unremarkable. Colonoscopy for systemic evaluation revealed multiple polypoid lesions in the terminal ileum (fig 1). Most lesions were overlaid with normal mucosa. Numerous small sessile umbilical lesions were identified with indigo carmine dye throughout the colon (fig 2). Stool culture was negative.

Question

What is the diagnosis?

See page 1591 for answer

This case is submitted by:

A Hokama
K Kishimoto
R Tomiyama
T Hirata
F Kinjo
J Fujita

First Department of Internal Medicine, University of the Ryukyus, Okinawa, Japan

M Masuda
Second Department of Internal Medicine, University of the Ryukyus, Okinawa, Japan

Correspondence to: Dr A Hokama, First Department of Internal Medicine, University of the Ryukyus, 207 Uehara, Nishihara, Okinawa 903-0215, Japan; hokama-a@med.u-ryukyu.ac.jp

doi: 10.1136/gut.2006.092791

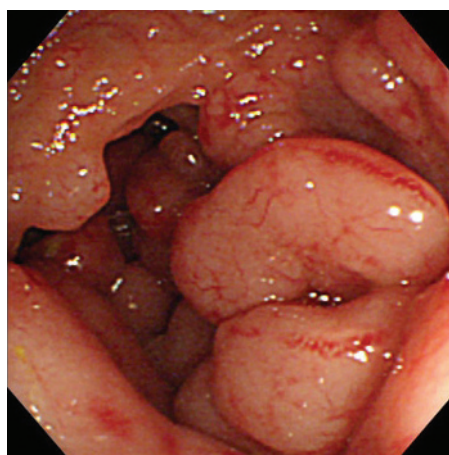


Figure 1 Colonoscopy showing multiple polypoid lesions in the terminal ileum.

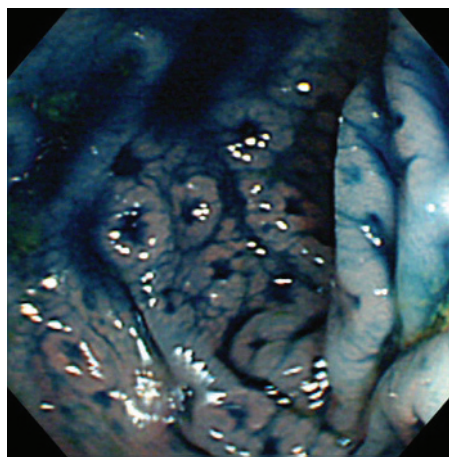


Figure 2 Colonoscopy with indigo carmine dye demonstrating numerous small sessile umbilical lesions throughout the colon.