

Cricopharyngeal Crohn's disease

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Summary: We report a case of Crohn's disease of the cricopharyngeal oesophagus which presented with complete dysphagia and was successfully treated by balloon dilatation. We can find no previous reports of such a case.

Introduction

Despite the recent enormous increase in endoscopy there have been relatively few reports of oesophageal Crohn's disease. Most patients with Crohn's disease of the oesophagus are referred for endoscopy because of dysphagia due to involvement of the distal oesophagus.¹ We present a case of Crohn's disease involving the cricopharyngeal oesophagus presenting with complete dysphagia.

Case report

A 48 year old Caucasian woman presented in 1985 with a 2 year history of progressive dysphagia to solids and weight loss of 2 stones. There were no abdominal symptoms and examination was unremarkable. A barium swallow showed a stricture of the upper oesophagus at the level of C6 (Figure 1). The stricture was dilated with oesophageal balloons to 15 mm. Biopsies revealed a non-keratinised hyperplastic epithelium infiltrated by mononuclear cells. In the subepithelial tissue there was severe fibrosing inflammation with non-caseating granulomata comprising collections of epithelioid histiocytes and Langhans type giant cells. Acid-fast bacilli and fungi were not identified. A repeat dilatation was performed to 20 mm and swallowing returned to normal.

One year later she returned with epigastric pain related to food. Gastroscopy showed a rigid pylorus with duodenitis and biopsies were again suggestive of Crohn's disease. Her symptoms responded to treatment with cimetidine.

In November 1986 she began to develop colicky abdominal pains, abdominal distension and bor-

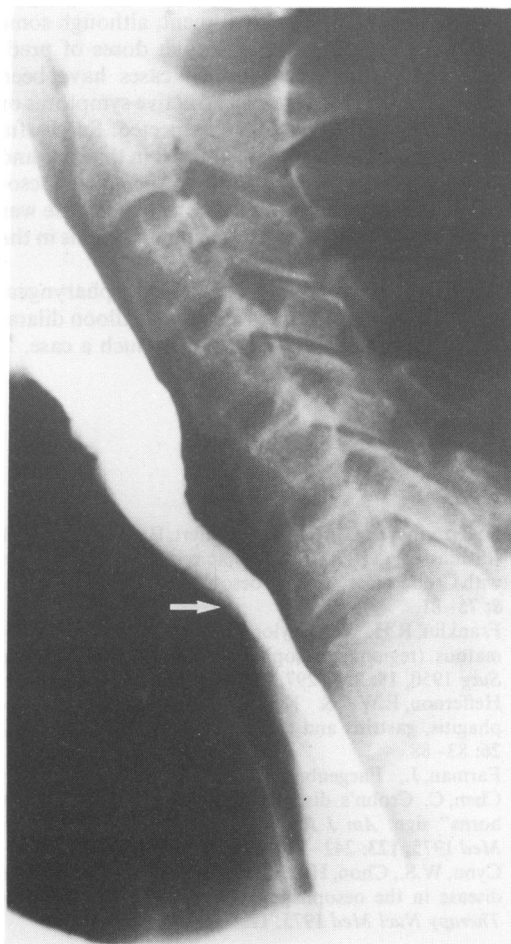


Figure 1 Radiograph from barium swallow showing a stricture of the oesophagus at the level of C6 (arrowed).

borygmi 3 hours after meals. A barium enteroclysis demonstrated a nodular jejunum with multiple strictures (Figure 2). Laparotomy was performed and 2 feet of jejunum were resected and several strictures were dilated. Histology of the resected specimen confirmed the diagnosis of Crohn's disease.

Discussion

Although Crohn's disease is known to affect the whole of the gastrointestinal tract, involvement of the oesophagus is rare. The first cases of isolated non-specific granulomatous lesions in the oesophagus were published in the 1950s^{2,3} and since then further cases of proven Crohn's disease of the oesophagus have been published.^{1,4-7}

Little is known about the response of oesophageal Crohn's disease to medical treatment, although some success has been obtained with high doses of prednisolone.^{8,9} Most of the reported cases have been operated on either for severe obstructive symptoms or because malignant disease was suspected. Successful dilatation of the stricture was achieved in this case and has been reported in strictures of the lower oesophagus.¹⁰ The initial diagnosis of Crohn's disease was confirmed by the development of similar lesions in the distal gastrointestinal tract.

We therefore report a case of cricopharyngeal Crohn's disease successfully treated by balloon dilatation. We can find no other reports of such a case.

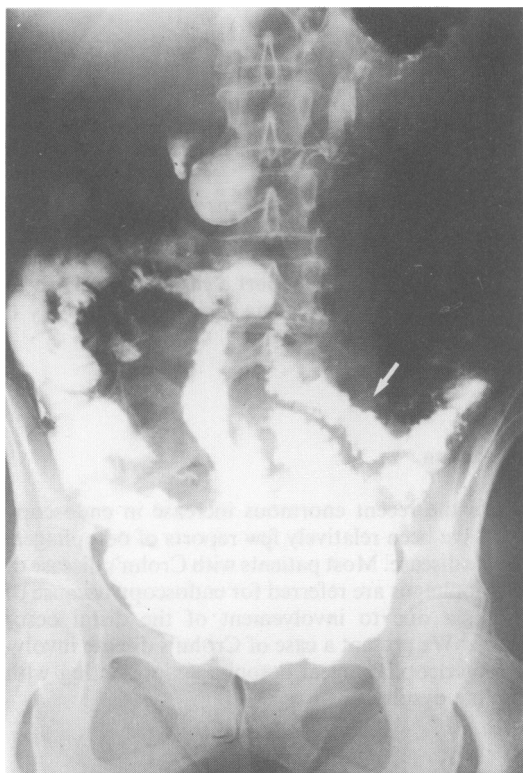


Figure 2 Radiograph from barium meal and follow through showing typical features of jejunal Crohn's disease (arrowed).

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