

Letters to the Editor

Ulcerative colitis with gastric and duodenal involvement

Key words: Ulcerative colitis. Proximal affectation.

DOI: 10.17235/reed.2017.4685/2016

Dear Editor,

Ulcerative colitis (UC) classically affects the large bowel. Many cases have been described recently, including backwash ileitis, postcolectomy peristomal ileitis and pouchitis (1-5). Gastroduodenal or jejunal manifestation is less frequent (4.7-7.6%) (1,2).

Case report

A 15-year-old man was admitted to hospital due to diarrhea, colic abdominal pain and weight loss of eight kilos. The blood test on admission showed leukocytes counts of 23,000 and colonoscopy showed moderate pancolitis due to UC. The patient presented a rapid on-set upper digestive hemorrhage. Gastroscopy was performed, showing a continuous affectionation of the gastric mucosa, loss of the vascular pattern and folds, mucous exudate, friability and duodenal erosions. All symptoms were suggestive of UC. The pathological anatomy showed acute cryptitis, cryptic abscesses and foveolar hyperplasia (Fig. 1), compatible with UC. *Helicobacter pylori* (HP) infection was ruled out and the immunohistochemical tests PAS, Gram and CMV were negative. Due to the diagnosis of proximal involvement of the UC, the patient was treated with intravenous corticosteroids, resulting in a good evolution and resolution

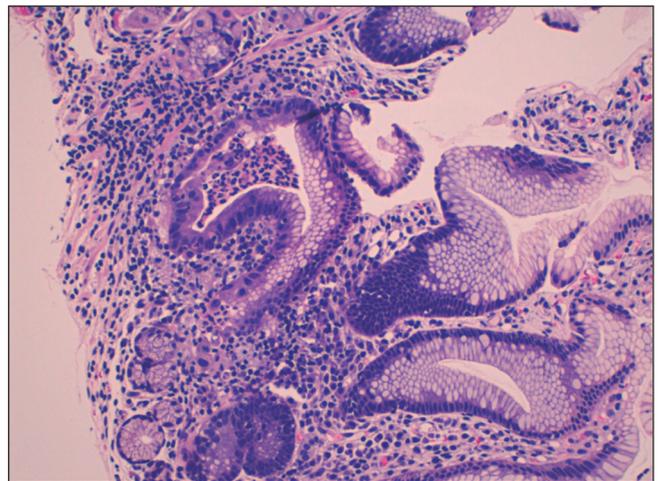


Fig. 1. Antral and body gastric mucosa with mild non-specific chronic inflammation in the lamina propria, acute focal cryptitis and an isolated cryptic abscess.

of symptoms one week later. The gastroscopy at three months was normal. The patient is currently asymptomatic and under treatment with azathioprine of 150 mg/24 h and mesalazine of 4 g/24 h.

Discussion

Gastroduodenal involvement is more frequent in young people (1,3), and is related with low doses of corticoids, recurrent pouchitis (7.4% of the cases) and more serious forms of presentation (active pancolitis, 6.2%) (1,2).

Both chronic active gastritis and duodenitis without HP infection are more frequent in Crohn's disease than in colitis, with a prevalence of diffuse gastritis of 28.6% and 40% (4), focally enhanced gastritis of 65.1% and 20.8% (4,5), and duodenitis 28% and 8%, respectively (3).

A high level of suspicion is required due to its non-specific clinical presentation, symptoms, endoscopy findings and patho-

logical anatomy. Continuous gastric affectation, friability, ulcers and granular aspect have been defined as characteristic of this disease (1,2). Acute cryptitis, cryptic abscesses and a decrease of goblet cells are often seen on pathological analysis (1).

This condition does not typically improve with antiulcer agents (AntiH2/IBP) and treatment is the same as for colonic involvement (1).

M.^a Carmen García-Gavilán, M.^a Carmen López-Vega
and Isabel M.^a Méndez-Sánchez

*Department of Digestive Diseases. Hospital Costa del Sol.
Marbella, Málaga. Spain*

References

1. Hisabe T, Matsui T, Miyaoka M, et al. Diagnosis and clinical course of ulcerative gastroduodenal lesion associated with ulcerative colitis: Possible relationship with pouchitis. *Dig Endosc* 2010;22:268-74. DOI: 10.1111/j.1443-1661.2010.01006.x
2. Hori K, Ikeuchi H, Nakano H, et al. Gastroduodenitis associated with ulcerative colitis. *J Gastroenterol* 2008;43(3):193-201. DOI: 10.1007/s00535-007-2143-8
3. Genta RM, Sonnenberg A. Non-Helicobacter pylori gastritis is common among paediatric patients with inflammatory bowel disease. *Aliment Pharmacol Ther* 2012;35(11):1310-6. DOI: 10.1111/j.1365-2036.2012.05090.x
4. Sharif F, McDermott M, Path MRC, et al. Focally enhanced gastritis in children with Crohn's disease and ulcerative colitis. *Am J Gastroenterol* 2002;97(6):1415-20. DOI: 10.1111/j.1572-0241.2002.05785.x
5. Kleoniki R, Eleftheria R, Kalliopi S, et al. The value of focally enhanced gastritis in the diagnosis of pediatric inflammatory bowel diseases. *J Crohn's Colitis* 2013;7:797-802. DOI: 10.1016/j.crohns.2012.11.003