LETTER TO THE EDITOR

First endoscopic appearance of ulcerative colitis

KEYWORDS
Ulcerative colitis; Endoscopy; Imaging

Dear Sir,

We would like to report on a case that could represent the first endoscopic presentation of ulcerative colitis as a focal colitis of some isolated colonic folds.

A 46-year-old asymptomatic male underwent a surveillance endoscopy for adenomatous polyps in the past. In the sigmoid part of the colon one sessile adenomatous polyp of 6 mm was removed by snare polypectomy. Surprisingly endoscopy revealed focal abnormalities on four colonic folds. Two of these folds were situated in the transverse colon and two in the sigmoid part of the colon. A third of the circumference of these four folds showed inflammation with edema and granularity of the mucosa (Fig. 1). The ileum and rectum were completely normal. Histology of biopsies showed diffuse infiltration of inflammatory cells in the lamina propria and crypt abscesses. Since the patient was asymptomatic, no treatment was initiated. He was instructed to contact the outdoor department if he noticed any changes in bowel habits. One month later he presented with frequent stools and blood loss. Stool cultures were negative for bacteria and parasites. Repeated endoscopy showed contiguous and circumferential inflammation (loss of mucosal vascular pattern, hyperaemia, oedema and granular mucosa) from rectum to hepatic flexure (Fig. 2). The terminal ileum and...

Figure 1 Early endoscopic focal abnormalities on colonic folds. A third of the circumference of these folds showed inflammation with edema and granularity of the mucosa.

Figure 2 Repeated endoscopy 1 month later. Diffuse inflammation (loss of mucosal vascular pattern, hyperaemia, oedema and granular mucosa) from rectum to hepatic flexure.

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ascending colon were normal. Mild extensive ulcerative colitis was diagnosed and the patient was put on mesalamine treatment (2 g bd p.o. as well as enemas). In a few weeks he was free of symptoms. Interestingly in this case, the first endoscopic presentation of ulcerative colitis was a focal colitis of only four colonic folds, separated by larger areas of unaffected mucosa, without rectal involvement. If the time span between the onset of colonic inflammation and symptoms takes 1 month, one could speculate of early medical treatment if serologic markers would pick up this first onset.

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