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Summary

A CASE OF CRONKHITE-CANADA SYNDROME SUCCESSFULLY TREATED WITH JAK INHIBITORS

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A 58-year-old Japanese man with Cronkhite-Canada syndrome achieved clinical and endoscopic remission with upadacitinib after failing corticosteroids and infliximab.

KEY POINTS

- The patient presented with watery diarrhea (up to 10 bowel movements daily), 15 kg weight loss over four months, and dermatological manifestations including alopecia, onychodystrophy, dry skin, and dysgeusia.
- Endoscopy and capsule endoscopy showed diffuse mucosal inflammation and multiple hamartomatous polyps throughout the gastrointestinal tract, with severe malabsorption requiring parenteral nutrition.
- Intravenous prednisolone (1 mg/kg) showed no significant improvement, and infliximab (5 mg/kg) for four months produced insufficient clinical response.
- Upadacitinib (45 mg daily, reduced to 30 mg daily maintenance) resulted in clinical and endoscopic improvement sustained after seven months.
- The case demonstrates JAK inhibitors as a potential therapeutic option for Cronkhite-Canada syndrome when corticosteroids and anti-TNF therapy fail, given the lack of standardized treatment for this rare condition.

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