

CRONKHITE CANADA SYNDROME MASQUERADING AS INFLAMMATORY BOWEL DISEASE

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Poster

Colorectal

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A case report of Cronkhite-Canada syndrome in a 58-year-old Chinese woman presenting with gastrointestinal symptoms and ectodermal changes, with endoscopic features mimicking inflammatory bowel disease, treated successfully with corticosteroids and mesalamine.

KEY POINTS

- The patient presented with dysgeusia, chronic diarrhea, weight loss, hair loss, onycholysis, periorbital hyperpigmentation and alopecia
- Endoscopic findings included diffuse gastric mucosal hyperemia and confluent pan-colonic circumferential nodular colitis, with histology showing features reminiscent of inflammatory bowel disease including cryptitis and crypt abscess formation
- The diagnosis of Cronkhite-Canada syndrome was made based on the constellation of clinical and endoscopic features
- Treatment with high-dose corticosteroids and mesalamine achieved clinical response at 4 months with improvement in appetite, weight gain, diarrhea and serum albumin normalization, though recrudescence occurred when steroids were tapered too rapidly
- The optimum treatment for Cronkhite-Canada syndrome is currently unknown with no consensus guidelines, and recurrences are not uncommon but often respond to corticosteroid retreatment

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