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Filiform Polyposis of the Small Bowel in Crohn's Disease

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Abstract. The occurrence of filiform pseudopolyps in a segment of mid-small-bowel is described. This finding was associated with Crohn's disease involving the ileocecal region.

Key words: Intestine, inflammation – Filiform pseudopolyps – Crohn's disease.

Filiform pseudopolyps are elongated, thin, and fingerlike mucosal lesions of the gastrointestinal tract. They were initially reported to develop in the large bowel as a rare complication of ulcerative colitis [1]. More recently, however, filiform polyps of the stomach and colon associated with Crohn's disease have also been described [2, 3]. The following case illustrates the occurrence of these lesions within the small intestine, a previously unreported location.

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Case Report

A 25-year-old man presented with a 3-month history of diarrhea and abdominal pain. These symptoms had first manifested themselves 6 years earlier, and the patient was subsequently diagnosed to have Crohn's disease of the distal small intestine. He was treated with steroids and sulfasalazine which resulted in complete remission of symptoms. However, the patient discontinued these medications about 18 months before recent exacerbation of his symptoms.

Physical examination revealed tenderness of the right lower abdomen, but no palpable masses. A small perineal nodule was also noted. Laboratory data were unremarkable except for elevated red cell sedimentation rate. Barium examination of the upper gastrointestinal tract showed normal results. Small

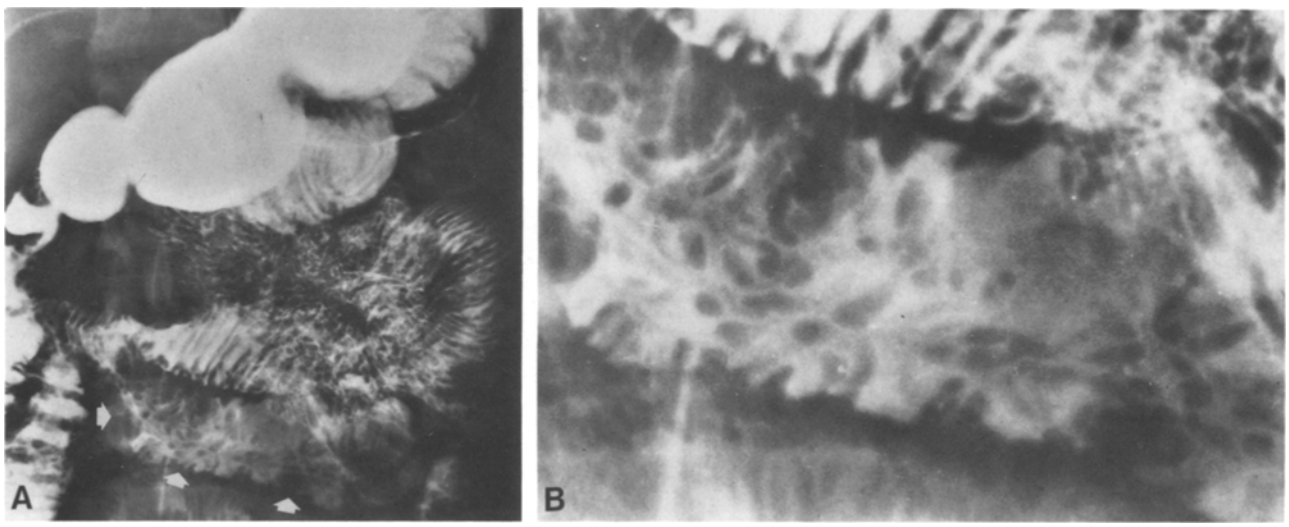

Fig. 1. **A** Numerous filiform polyps in a segment of mid-small-bowel (*arrows*). **B** Closeup view shows the typical appearance of these lesions

bowel series showed many filiform pseudopolyps within an approximally 45-cm segment of the mid-small-bowel (Fig. 1 A and B). Characteristic radiographic features of Crohn's disease involving the terminal ileum and the cecum were also demonstrated. Examination of mucosal biopsy specimen of the rectum showed no abnormality, although superficial inflammation was suspected on proctosigmoidoscopy. The patient was discharged following initiation of conservative therapy with dietary measures and sulfasalazine.

Discussion

Filiform polyposis of the stomach in a patient with Crohn's disease of the small bowel has been described by Zegel and Laufer [3]. However, other published reports show the colon to be the usual site for development of these inflammatory lesions among patients with either ulcerative or granulomatous colitis (1–3).

In the case presented here the radiographic appearance of numerous filling defects involving a segment of the small intestine is consistent with the diagnosis of filiform polyposis, although endoscopic or operative documentation is not yet available. The association with Crohn's disease of the ileocecal region indicates that the small intestine, like the stomach [3], may be another rare site for development of filiform polyposis.

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