

[PICTURES IN CLINICAL MEDICINE]

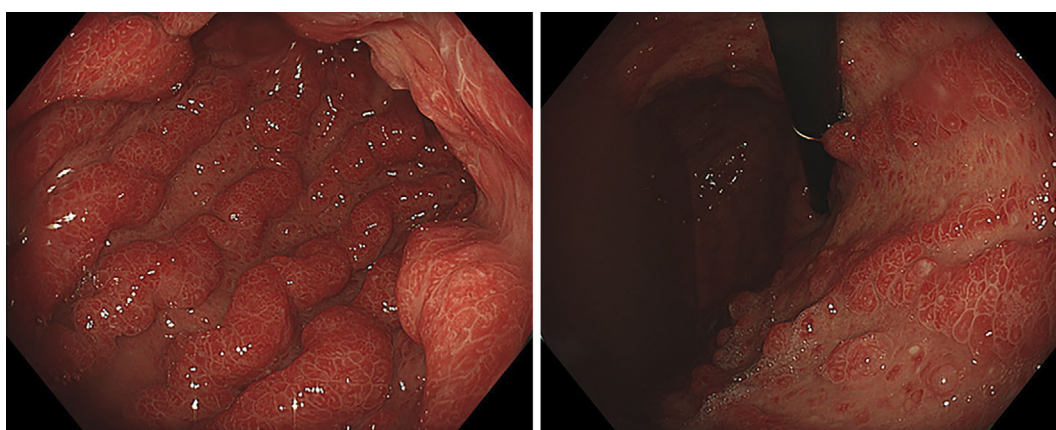
Endoscopic Images before the Onset of Cronkhite-Canada Syndrome

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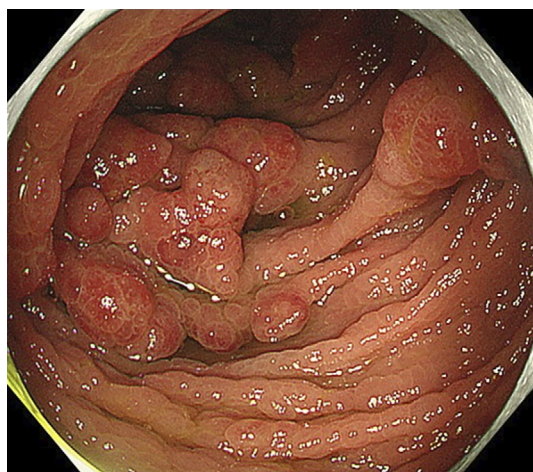
Key words: Cronkhite-Canada syndrome, gastric lesion

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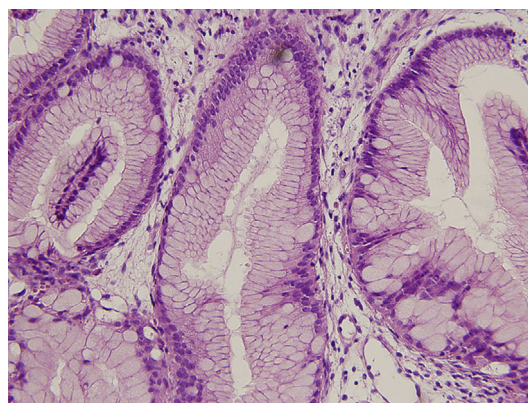
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Picture 1.



Picture 2.



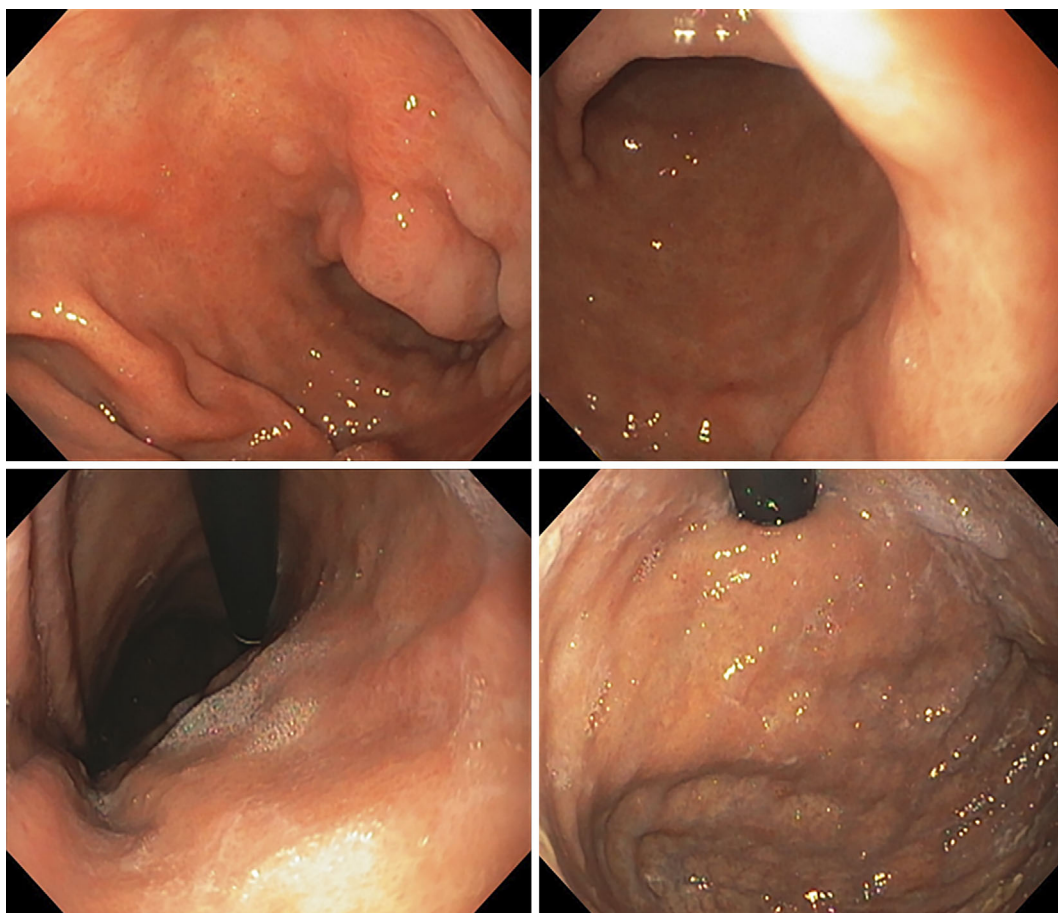
Picture 3.

A 72-year-old man presented with a 3-month history of diarrhea and weight loss. In addition, he had nail deformities and hypoalbuminemia. Endoscopic imaging showed diffuse, reddish, elevated lesions throughout the stomach (Pic-

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Picture 4.

ture 1) and colon (Picture 2). A histopathological examination of biopsy specimens from the stomach revealed epithelial hyperplasia and edematous stroma with lymphocyte infiltration (Picture 3). Accordingly, he was diagnosed with Cronkhite-Canada syndrome (CCS). One year before the onset of CCS, no hypoalbuminemia or diarrhea had been present; he had no history of eradication for *Helicobacter pylori* (*Hp*), and serum anti-*Hp* IgG antibody was negative. Endoscopic images of the stomach showed edematous findings, potentially related to the initial images of CCS (Picture 4). Several reports have described the initial endoscopic findings of the stomach in CCS patients; however, these patients already had symptoms (1, 2). In contrast, the endoscopic images of the stomach in this case are considered to reflect findings before the onset of CCS symptoms.

The authors state that they have no Conflict of Interest (COI).

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