We herein report a case of severe pharyngeal aphthae which can be a tip for diagnosing digestive disease in daily clinical practice.

A 19-year-old man visited our otolaryngology clinic complaining of severe pharyngalgia lasting 5 days. The patient was previously healthy but had been suffering from diarrhea for 3 weeks and pyrexia for 2 weeks. Many aphthae were found on the patient’s soft palate and uvula without laterality (Fig. 1). Laboratory investigations revealed a significantly elevated white blood cell count ($21.9 \times 10^3/\mu l$), a high level of serum C-reactive protein (23.41 mg/dl), and hypoalbuminemia. The patient was hospitalized at once and administrated intravenous cephalosporin. The oropharyngeal aphthae and pharyngalgia abated in several days, but intermittent abdominal pains and severe diarrhea persisted. At last, the patient was diagnosed with Crohn’s disease based on colonofiberscopic findings of longitudinal ulcers and a cobblestone-like appearance of the colon mucosa (Fig. 2). His symptoms gradually improved after
treatment with 5-aminosalicylate administrated orally and an elemental diet.

Crohn’s disease can involve any site in the gastrointestinal tract from the oral cavity to the anus. The lesions are considered to be an extension of the granulomatous or ulcerative inflammation of the mucosa. Nutritional deficiencies secondary to active inflammatory bowel disease may also predispose toward aphthous ulcer formation. In our case, simple observation of the oropharynx was helpful in diagnosing the disease.