An excision biopsy of the neck lesion showed fragmented elastic fibres in the middle and deep dermis (fig 1), consistent with pseudoxanthoma elasticum (PXE). Ocular fundus photography demonstrated retinal angioid streaks. Thus, a diagnosis of PXE with colonic involvement was made. PXE primarily affects the elastic fibres, which is characterised by cutaneous and ocular lesions and widespread vascular abnormalities in the various organs. Its most common gastrointestinal presentation is gastric bleeding. PXE is, however, rarely associated with gastric and colorectal cobblestone appearance similar to diffuse xanthomas. There was a suggestive report on deterioration of PXE in a patient with Crohn’s disease after steroid therapy. The timed-release form of mesalamine used here (Pentasa) allows for maximal drug delivery in the colon, where it could exert anti-inflammatory effects possibly dependent on peroxisome proliferator-activated receptor-γ against his colonic lesions.

**REFERENCE**