Esophagitis Dissecans Superficialis Associated with Severe Clindamycin Toxicity

Joana Ribeiro da Silva, Rolando Pinho, Ana Ponte, Mafalda Silva, Antónia Furtado, João Carvalho

1) Department of Gastroenterology; 2) Department of Internal Medicine; 3) Department of Pathology, Centro Hospitalar Vila Nova de Gaia, Espinho, Portugal

A 42-year-old woman with type 1 diabetes mellitus and a regular smoking habit (19 pack-years) presented with dysphagia, nausea and vomiting over the previous week, after clindamycin treatment for infected diabetic foot ulcers.

An esophagastroduodenoscopy revealed sloughing reddish membranes in the distal esophagus, adjacent to intact healthy mucosa that were easily removed (Figs. 1, 2). Histopathological evaluation showed squamous epithelium completely detached from the underlying chorion, with necrosis of basal layers and preservation of remaining layers. Mild parakeratosis and moderate to severe acute inflammation with some eosinophils (<6 eosinophils/HPF) was observed (Fig. 3, H&E x200). The endoscopic and histological findings were consistent with esophagitis dissecans superficialis (EDS).

Discontinuation of clindamycin and the administration of a double-dose proton-pump inhibitor resulted in symptomatic improvement.

Esophagitis dissecans superficialis is a rare benign condition described originally in 1892, characterized by superficial necrotic squamous epithelium and whitish/pale endoscopic plaques and membranes [1]. Our patient had sloughing reddish membranes, an atypical finding in EDS, possibly related to the scarce parakeratosis. This finding can be explained by the early stage of the disease and the association with clindamycin. Although the exact pathogenesis of EDS remains unexplained, some risk factors have been proposed: bisphosphonates, nonsteroidal anti-inflammatory drugs, potassium chloride, esophageal strictures, heavy smoking, hot beverages, chemical irritants, nasogastric intubation, celiac disease, collagen vascular disorders and autoimmune bullous dermatoses [2, 3]. Our patient had a history of a heavy smoking habit and clindamycin therapy, both possibly associated with esophagitis [4]. However, clindamycin has never been previously reported as a cause of EDS.

Despite its sometimes dramatic presentation, EDS is usually a benign condition with a good prognosis that resolves without consecutive esophageal pathology [3].

The authors highlight a different presentation of EDS with reddish membranes, instead of the usual whitish appearance. Furthermore, there was a temporal association with the clindamycin treatment. Thus, EDS might be associated with this antibiotic, an association not previously described.

Corresponding author: Joana Ribeiro da Silva, joanasilva67@hotmail.com

Conflicts of interest: None to declare.

REFERENCES

1. Purdy JK, Appelman HD, McKenna BJ. Sloughing esophagitis is associated with chronic debilitation and medications that injure the esophageal mucosa. Mod Pathol 2012;25:767-775.

J Gastrointestin Liver Dis, December 2014 Vol. 23 No 4:363