IMAGE OF THE ISSUE

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Lymphocytic Esophagitis Successfully Treated by Esophageal Balloon Dilation and Topical Budesonide

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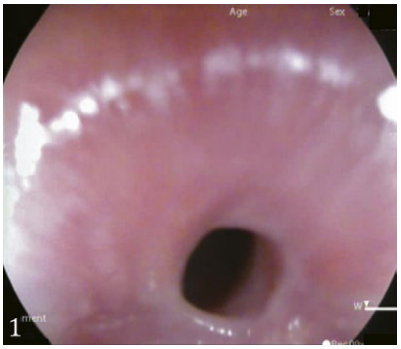

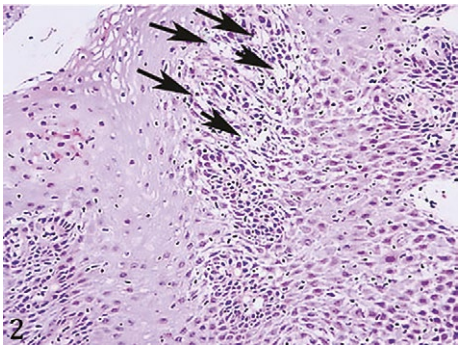

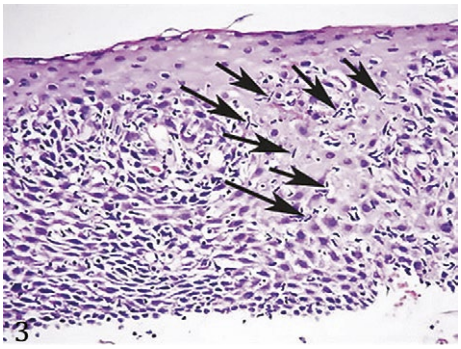

A 59-year-old female was referred to our hospital for dysphagia and significant weight loss (11 kg in 6 months). She had no significant personal or familial medical history and she was a non-smoker. The laboratory analysis showed no remarkable abnormalities. Initially, we attempted an upper gastrointestinal endoscopy without sedation, but the pharyngo-esophageal junction could not be passed. The barium swallow test revealed an upper esophageal sphincter dysfunction and a filiform narrowing at this level. We attempted another gastrointestinal endoscopy with Propofol sedation, which confirmed the esophageal stenosis at the pharyngo-esophageal junction (Fig. 1) with normal overlying mucosa. Multiple endoscopic biopsies were taken from the upper and lower esophagus and an 8-9-10 mm Hercules balloon dilation was also performed. The histopathological examination showed normal architecture of the squamous epithelium, intraepithelial lymphocytosis, peripapillary spongiosis, with many „squiggle cells" (see arrows) (Figs. 2 and 3, H&E 100x and 200x), suggestive for lymphocytic esophagitis (LE). The patient received oral topical steroids (Budesonide 400 mcg twice daily) for three months with weight improvement and symptoms amelioration at follow-up.

Lymphocytic esophagitis is a rare condition of the esophagus, first described in 2006. It is histologically characterized by >20 intraepithelial lymphocytes per high-power field and rare granulocytes [1]. It affects older women in their sixth decade, smokers, and presents with gastroesophageal reflux disease or primary esophageal motility disorders [2]. The most common symptom is dysphagia, but patients can also present with heartburn, chest pain, nausea or abdominal pain [4]. Endoscopic findings vary from normal mucosa to esophageal rings, strictures, furrows and webs [1, 3, 4]. Currently, no clear treatment guidelines have been proposed for LE management. Proton-pump inhibitors and topical corticosteroids are reported to induce histological remission in these patients, as well as endoscopic therapy in the case of dysphagia and non-response to the previous treatment [3, 5, 6].

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Conflicts of interest: None to declare.

REFERENCES

1. Rubio CA, Sjödahl K, Lagergren J. Lymphocytic esophagitis: a histologic subset of chronic esophagitis. Am J Clin Pathol 2006;125:432-437.
2. Rouphael C, Gordon IO, Thota PN. Lymphocytic esophagitis: Still an enigma a decade later. World J Gastroenterol 2017;23:949-956. doi:10.3748/wjg.v23.i6.949
3. Figueiredo PC, Pinto-Marques P, Borralho P, Freitas J. Unusual cause for smoldering dysphagia. Lymphocytic esophagitis. Dysphagia 2014;29:283-285. doi:10.1007/s00455-013-9489-2
4. Mandaliya R, Dimarino AJ, Cohen S. Lymphocytic esophagitis mimicking eosinophilic esophagitis. Ann Gastroenterol 2012;25:355-357.
5. Cohen S, Saxena A, Waljee AK, et al. Lymphocytic esophagitis: a diagnosis of increasing frequency. J Clin Gastroenterol 2012;46:828-832. doi:10.1097/MCG.0b013e3182500de8
6. Miehlke S, Madisch A, Karimi D, et al. Budesonide is effective in treating lymphocytic colitis: a randomizeddouble-blind placebo-controlled study. Gastroenterology 2009;136:2092-2100. doi:10.1053/j.gastro.2009.02.078