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Available from: http://www.jgld.ro/wp/archive/y2018/n2/a1
DOI: http://dx.doi.org/10.15403/jgld.2014.1121.272.lch

Lichen Planus: A Rare Cause of a Narrowed Esophagus

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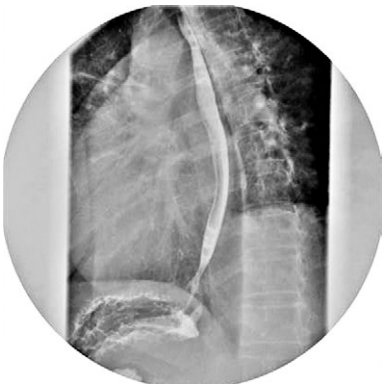

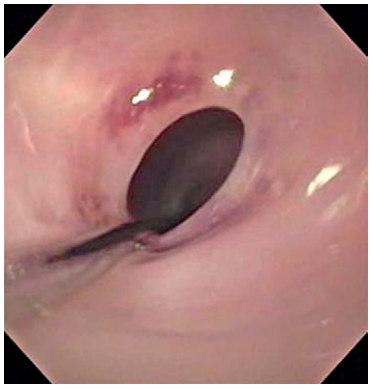

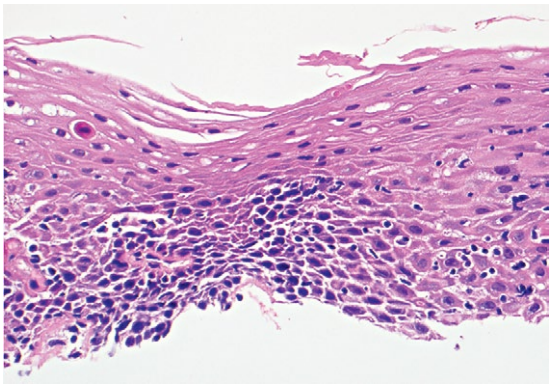

A 60-year-old woman with longstanding ileal Crohn's disease in remission presented with a 2-week history of solid food dysphagia without odynophagia, reflux, or weight loss. She had recently experienced her first episode of esophageal food impaction that resolved spontaneously. A barium esophagram demonstrated a diffusely small caliber esophagus without evidence of reflux (Fig. 1). An esophagogastroduodenoscopy (EGD) was performed which revealed diffuse narrowing to a diameter of 8mm in the proximal esophagus (Fig. 2), necessitating esophageal dilation to advance the endoscope. Esophageal biopsies of the stenotic region demonstrated intraepithelial lymphocytosis with rare dyskeratotic cells known as Civatte bodies (Fig. 3), a pathologic finding seen in lichen planus. The patient's esophageal lichen planus (ELP) was successfully treated initially with serial EGD dilations followed by maintenance oral topical budesonide. At 1-year follow-up, she remained free of dysphagia.

Here, we presented a case of ELP, a rare but under-recognized cause of esophageal dysphagia and small caliber esophagus. Lichen planus is an idiopathic inflammatory disorder of mucocutaneous tissue, most frequently involving the skin or oral cavity, and rarely the esophagus, resulting in symptomatic dysphagia [1, 2]. Esophageal lichen planus most commonly presents in middle-aged women and has a predilection for long stricture formation beginning in the proximal esophagus, as highlighted in this case. Endoscopically, these patients may present with just narrowing but often have erythematous, friable mucosa with desquamation. Histologically, necrotic keratinocytes and lichenoid lymphocytic infiltrates are seen in ELP. Civatte bodies, as noted earlier, may be seen as well. Multiple treatment modalities have been proposed, including systemic/topical immunosuppressive agents and serial endoscopic dilations, or a combination thereof [3]. Although a rare cause of dysphagia, ELP is now viewed as a likely under-recognized etiology of dysphagia and should be considered by clinicians when encountering middle-aged patients presenting with esophageal dysphagia secondary to proximal and/or diffuse esophageal strictures [4].

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Conflicts of interest: None to declare.

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