

A case of incidental sloughing esophagitis

Competing interests: None

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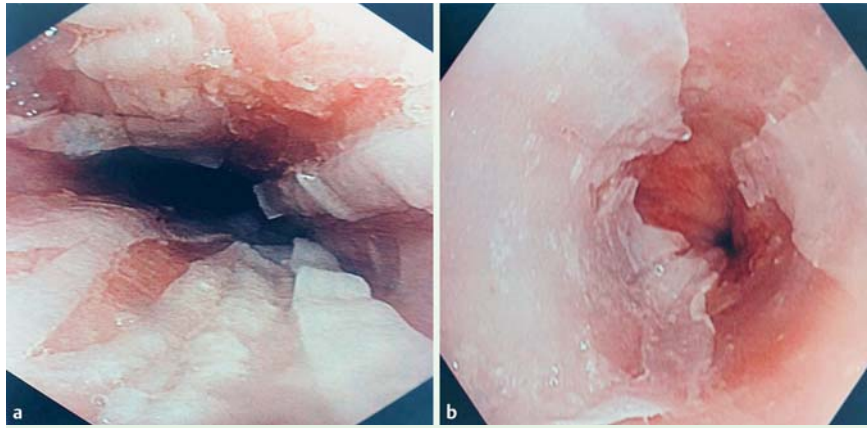


Fig. 1 Endoscopic views showing sloughing mucosa in: a the mid-esophagus; b the distal esophagus.

An 82-year-old woman with a history of hypertension, atrial fibrillation, mitral regurgitation, and heart failure with preserved ejection fraction was admitted with an exacerbation of heart failure. Transesophageal echocardiogram (TEE) to evaluate whether she was a candidate for mitral valve repair was attempted but was unsuccessful because of high levels of resistance and the inability to pass the transesophageal probe. Upon further questioning the patient admitted to a history of progressive dysphagia over the previous 2 weeks.

Her dysphagia workup initially included a barium swallow, which did not identify an etiology. Esophagogastroduodenoscopy (EGD) was then performed, which revealed sloughing of the mucosa in the mid and upper esophagus, consistent with desquamation and giving the impression of a sheet of mucosal cells, while the lower third of the esophagus revealed denuded mucosa. These endoscopic appearances were consistent with esophagitis dissecans superficialis (► Fig. 1). Biopsies were taken from the proximal esophagus, histopathology of which was reported as

squamocolumnar mucosa with acute and chronic inflammation. A repeat TEE was later performed without difficulty. Esophagitis dissecans, also called sloughing esophagitis, is an uncommon but benign condition that is characterized by stripped, whitish mucosa, vertical fissures, and circumferential cracks, as well as long, linear mucosal breaks [1, 2]. Esophagitis dissecans superficialis is most often idiopathic, but can be associated with use of nonsteroidal anti-inflammatory drugs or bisphosphonates, celiac disease, consumption of hot beverages, or autoimmune bullous dermatoses [3]. It is much more common in people who are taking five or more medications at time of the esophageal biopsy, and is more prevalent in patients with congestive heart failure and valvular disease [4]. Although the latter two associations were both present in this patient, a specific etiology was never found. The patient did well through her hospitalization and, as expected with esophagitis dissecans superficialis, we anticipate full resolution of the condition without any lasting clinical consequences [2].