A relapse case of acute necrotizing esophagitis

Fig. 1 Endoscopy revealed a black-appearing esophageal mucosa extending from the proximal two thirds of the esophagus to the cardia.

Fig. 3 By continuing to take rabeprazole for 4 months after release from hospital, the patient was cured of esophagitis.

Fig. 2 After 6 days of treatment, the esophageal surface was diffusely covered with whitish exudates.

Fig. 4 The patient returned 37 days after finishing the rabeprazole treatment, and endoscopy revealed a reoccurrence of the black-appearing esophageal mucosa and whitish exudates, as well as mucosal bleeding.

Acute necrotizing esophagitis (ANE) is a severe form of acute esophagitis that appears dark black in color (“black esophagus”) at endoscopy due to mucosal necrosis [1]. ANE is an uncommon condition of unknown etiology. Grudell et al. reported that among 52 cases of ANE, seven cases involved massive gastroesophageal reflux [2]. As gastroesophageal reflux is one of the proposed causes of ANE [3,4], treatment generally includes administration of a proton pump inhibitor (PPI). A 67-year-old man complained of vomiting and chest pain 5 days after surgery for a vitreous hemorrhage. The patient had a history of diabetes mellitus, hypertension, hyperlipidaemia, and angina pectoris. Endoscopy revealed a black-appearing esophageal mucosa extending from the proximal two thirds of the esophagus to the cardia (● Fig. 1). After 6 days of

treatment that included oral nutritional rest for 1 week and rabeprazole (20 mg/day), the mucosal surface was diffusely covered with whitish exudates (● Fig. 2), and biopsy specimens consisted of necrotic debris. By continuing to take rabeprazole for 4 months after release from hospital, the patient was cured of esophagitis (● Fig. 3). However, 37 days after finishing the rabeprazole treatment, the patient returned due to recurring vomiting and chest pain. Endoscopy revealed a reoccurrence of the black-appearing esophageal mucosa and whitish exudates, as well as mucosal bleeding (● Fig. 4). Upon reestablishment of the treatment described previously, the relapsed ANE improved considerably within 3 weeks. With continued administration of rabeprazole, the ANE has not relapsed.

To our knowledge, this is the first reported case of a relapse of ANE [2,5]. In this case, relapse may have been associated with acid backflow, and we hypothesize that if the patient were to discontinue the PPI, he would experience another relapse.

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K. Tanaka¹, H. Toyoda¹, Y. Hamada², M. Aoki², R. Kosaka², T. Noda², M. Katsurahara², M. Nakamura², K. Ninomiya², H. Inoue², I. Imoto¹, Y. Takei²

¹ Department of Endoscopic Medicine, Mie University School of Medicine, Tsu, Japan

² Department of Gastroenterology and Hepatology, Mie University School of Medicine, Tsu, Japan

References

- 1 Goldenberg SP, Wain SL, Marignani P. Acute necrotizing esophagitis. *Gastroenterology* 1990; 98: 493 – 496
- 2 Grudell AB, Mueller PS, Viggiano TR. Black esophagus: report of six cases and review of the literature, 1963 – 2003. *Dis Esophagus* 2006; 19: 105 – 110
- 3 Katsinelos P, Pilpilidis I, Dimiropoulos S et al. Black esophagus induced by severe vomiting in a healthy young man. *Surg Endosc* 2003; 17: 521
- 4 Reichart M, Busch OR, Bruno MJ et al. Black esophagus: a view in the dark. *Dis Esophagus* 2000; 13: 311 – 313
- 5 Augusto F, Fernandes V, Cremers MI et al. Acute necrotizing esophagitis: a large retrospective case series. *Endoscopy* 2004; 36: 411 – 415

Bibliography

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Corresponding author

K. Tanaka, MD

Department of Endoscopic Medicine

Mie University School of Medicine

2-174 Edobashi

Tsu

Mie

514-8507 Japan

Fax: + 81-59-231-5200

kyosuket@qa2.so-net.ne.jp