Cat scratch esophagus

A 45-year-old woman was admitted to our gastroenterology clinic with dyspepsia. She had undergone an upper endoscopy in another hospital 1 week before admission to our clinic. We performed an upper endoscopy in July 2010, and it revealed tears along the long axis of the esophagus. These superficial longitudinal lesions were evenly distributed around the circumference, resembling a cartwheel (Fig. 1). Mucosal biopsies from the esophageal mucosa showed detachment of the squamous epithelial layer with mild lymphoplasmacytic infiltration (Fig. 2). A control upper endoscopy of the patient in August 2010 demonstrated the complete healing of the esophageal lesions without any treatment.

Cat scratch colon is characterized by bright, superficial linear erythematous marks and parallel corkscrew lesions without significant hemorrhage. Colonic cat scratch lesions are usually localized in the right colon. The lesion has been observed mainly in normal patients with normal histology [1]. The single reported case of cat scratch lesion involving the esophagus was similar to the colonic counterparts [5].

The etiopathogenesis of this lesion is unclear. However, it has been suggested that the lesion is caused by barotrauma from air insufflation rather than by direct colonoscopic trauma [4]. In our case, the patient's previous upper endoscopy probably gave rise to this morphology. We believe that the ileocecal valve in the right colon and the lower esophageal sphincter in the esophagus may act as barriers and increase the intraluminal pressure if they do not open properly at the right time during air insufflation.

Cat scratch morphology is accepted as an innocent finding due to its normal histology [2]. However, there were insufficient data regarding the natural clinical course of the lesion. Our case demonstrates that cat scratch esophagus is a self-healing lesion and confirms that it is an innocent lesion.

References

Fig. 1 First endoscopy showing cat scratch lesion on the esophageal wall.

Fig. 2 Histology of the esophageal biopsy, showing traumatic breaks within the squamous epithelial layers. Mild lymphocytic inflammation was observed (Hematoxylin and eosin, × 100.)