

## NSAIDs-Induced Digestive Hemorrhage and Esophageal Pseudotumor: A Case Report

We describe the case of a 71-year-old male patient who was admitted to the Department of Medicine for hematemesis and melena that occurred after a two days NSAIDs therapy with slow-release naproxen. The day after his admission we performed an esophago-gastroduodenoscopy (EGD) which showed longitudinal erosions in the distal esophagus and a round tumor at the Z-line (Figure 1). The tumor was 1 cm in diameter and was covered with a hyperemic mucosa. Because of recent hemorrhage no biopsy was performed. After five days a new EGD unexpectedly showed a round ulcer, 0.5 cm in diameter, with a central clot in place of the tumor (Figure 2). Antisecretory therapy was started, and, after two months, an EGD showed a perfectly normal esophagus, with no evidence of any ulcer or tumor, with normal biopsies histology. The patient's condition remained unchanged until now, three years since the admission. It is well known that NSAIDs can produce esophageal lesions caused by direct contact and chemical reactions; the lesions are typically located at epicardal level where, because of low esophageal sphincter action, the pills tend to linger. In general the lesions are a form of common ulcer, nevertheless the drug may on rare occasions be tightly impacted in the ulcer's crater so that an esophageal pseudomass is produced (1, 2). This pseudomass quickly disappears leaving an ulcer which will eventually heal. This case of massive bleeding from a naproxen-induced esophageal ulcer had an endoscopic appearance to be confused with a pseudomass lesion in the distal section of esophagus.

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### References

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**Figure 1:** Endoscopy reveals a round tumor in the lower esophagus.



**Figure 2:** Repeat endoscopy five days later shows a round ulcer, without evidence of a tumor.