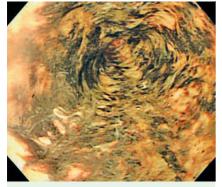
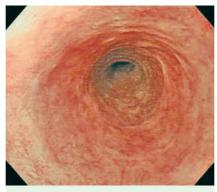
# A relapse case of acute necrotizing esophagitis



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



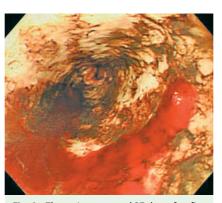
**Fig. 3** By continuing to take rabeplazole for 4 months after release from hospital, the patient was cured of esophagitis.



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

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



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

treatment that included oral nutritional rest for 1 week and rabeplazole (20 mg/ day), the mucosal surface was diffusely covered with whitish exudates (**S Fig. 2**), and biopsy specimens consisted of necrotic debris. By continuing to take rabeplazole for 4 months after release from hospital, the patient was cured of esophagitis (**•** Fig. 3). However, 37 days after finishing the rabeplazole 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 rabeplazole, 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.

Endoscopy\_UCTN\_Code\_CCL\_1AB\_2AC\_3AD

K. Tanaka<sup>1</sup>, H. Toyoda<sup>1</sup>, Y. Hamada<sup>2</sup>, M. Aoki<sup>2</sup>, R. Kosaka<sup>2</sup>, T. Noda<sup>2</sup>, M. Katsurahara<sup>2</sup>, M. Nakamura<sup>2</sup>, K. Ninomiya<sup>2</sup>, H. Inoue<sup>2</sup>, I. Imoto<sup>1</sup>,

- Y. Takei<sup>2</sup>
- <sup>1</sup> Department of Endoscopic Medicine, Mie University School of Medicine, Tsu, Japan
- <sup>2</sup> 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**

**DOI** 10.1055/s-2007-966789 Endoscopy 2007; 39: E305 © Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

#### **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