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Esophagitis dissecans superficialis: a rare endoscopic finding

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Dear Editor,

A previously healthy 42-year-old female came to the Emergency Department due to a 24-hour history of hematemesis that had started after accidentally swallowing a piece of bone. The patient reported a sensation of "tearing" of the esophagus and retrosternal pain that preceded the initiation of the hematemesis. There was no reported history of any skin disorders or the use of medications, chemical irritants or hot beverages. Physical exam was unremarkable. An upper digestive endoscopy was performed which identified several hyperemic or hemorrhagic areas in the esophagus, with areas of sloughing mucosa, adjacent whitish fibrinous membranes and the presence of submucosal blisters (Fig. 1). In the distal esophagus, the mucosa had an erythematous appearance. Given the severity of the findings, it was decided not to perform biopsies in this setting. The diagnostic impression was esophagitis dissecans superficialis (EDS) secondary to trauma, however, it was not possible to rule out possible esophageal pemphigus vulgaris. The patient was under surveillance for three days, after which she was discharged home with an indication for proton-pump

inhibitors (PPI) therapy. She underwent control endoscopy after two weeks, which showed none of the aspects described previously. Biopsies were performed, which revealed no changes.

Discussion

EDS is a rare esophageal lesion characterized by sloughing of the esophageal mucosa. Diagnosis relies on typical endoscopic appearance as it is frequently asymptomatic and histopathologically nonspecific. Despite its seemingly striking appearance, EDS is assumed to have a benign natural history, and complete healing without complications is frequently achieved following the withdrawal of offending agents (1,2). EDS has been associated with physical and chemical trauma, heavy smoking, autoimmune bullous dermatoses, and certain medications such as bisphosphonates, non-steroidal anti-inflammatory drugs, and antidepressants. However, the paucity of literature on EDS limits our understanding of its etiology and pathogenesis (3).

The prevalence of EDS is likely underestimated and it is frequently misdiagnosed (1-3). Our case underlines the importance of endoscopic recognition of EDS, being the first reported case of EDS secondary to mechanical trauma.

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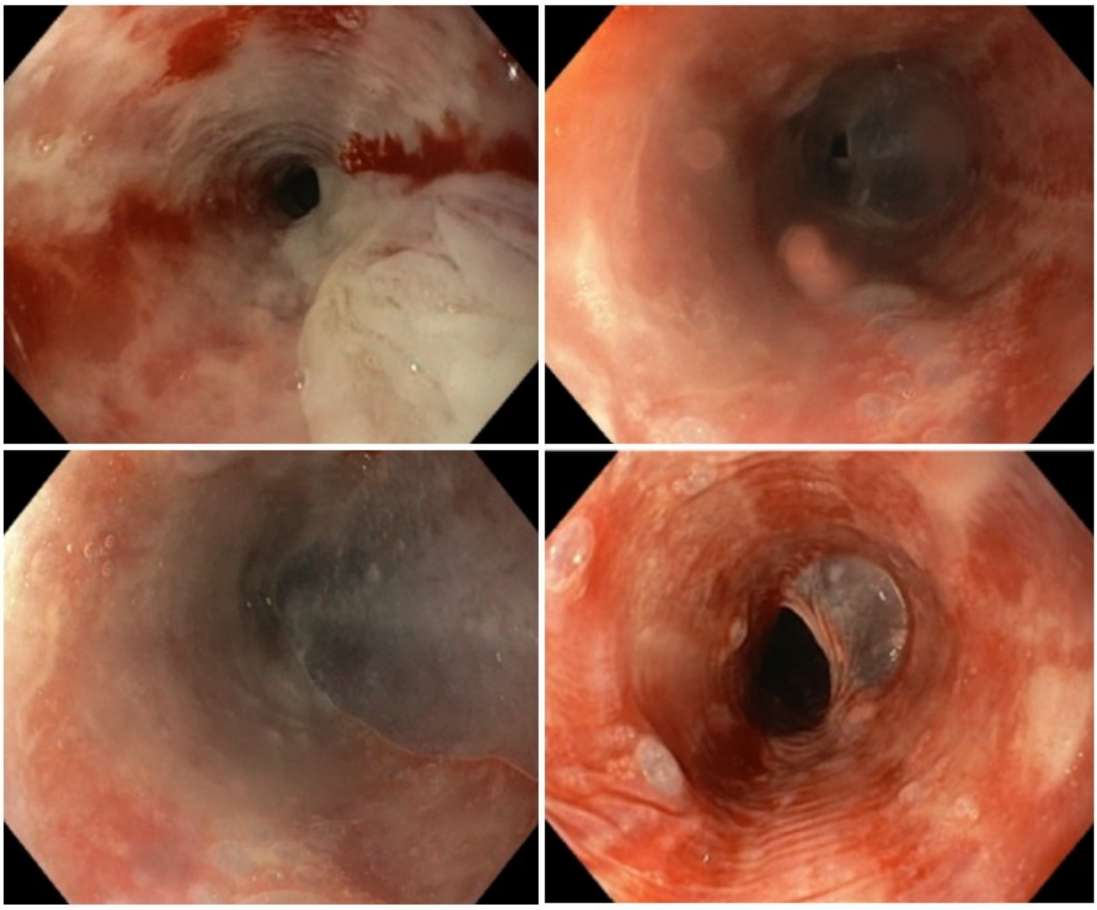

Fig. 1. Endoscopy showing areas of sloughing mucosa, with adjacent whitish fibrinous membranes and the presence of submucosal blisters consistent with esophagitis dissecans superficialis (EDS).