Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Title:
Lymphocytic esophagitis and ringed esophagus

Authors:
Vitorino M. Santos, Kin Modesto Sugai

DOI: 10.17235/reed.2025.11273/2025
Link: PubMed (Epub ahead of print)

Please cite this article as:
M. Santos Vitorino, Modesto Sugai Kin. Lymphocytic esophagitis and ringed esophagus . Rev Esp Enferm Dig 2025. doi: 10.17235/reed.2025.11273/2025.

Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Lymphocytic esophagitis and ringed esophagus

Source of support: none
Statement on prior presentation: none
The authors declare that they have no competing interests to disclose
The authors declare they have not used the AI nor AI-assisted technologies in the writing process in their manuscript.

Vitorino M. Santos
Medicine Department. Catholic University and Armed Forces Hospital. Brasilia, Brazil

Kin Modesto Sugai (kin.sugai1999@gmail.com)
Information Management, and Technology. University of Brasilia-DF, Brasilia, Brazil

Abstract

Lymphocytic esophagitis is an uncommon condition characterized by the presence of intraepithelial lymphocytosis and lack of eosinophils in the esophageal biopsy samples. The main clinical manifestations include dysphagia, heartburn, and vomiting; endoscopic changes are absent in up to 30% of cases, and may mimic the common gross aspects of an eosinophilic esophagitis as rings, longitudinal furrows, and stenosis. The authors emphasize the role of this diagnosis confirmation as early as possible, with prompt and adequate management aiming to avoid eventual unfavorable outcomes. The objective of this manuscript is to emphasize the case study of an infrequent entity.

Keywords: Diagnosis. Lymphocytic esophagitis. Ringed esophagus. Treatment.

Dear Editor,

We read the article by González Otero and colleagues about an 84-year-old man with dysphagia due to a ringed esophagus and Schatzki ring, and the biopsy showed intraepithelial lymphocytosis; he first utilized omeprazole without improvement (1). New endoscopy revealed a fragile esophageal mucosa and biopsies confirmed

lymphocytic esophagitis (LE) and lack of eosinophils; corticosteroids and leukotriene receptor antagonists were used, besides requiring twice dilation and ring rupture (1). In this setting, additional comments aim to emphasize the first referenced article (2-5). A 71-year-old man presented with acute dysphagia to solids and liquids, and the endoscopy evaluation revealed a large food bolus at the gastroesophageal transition, besides ulcers in the lower esophageal third, without strictures, that were biopsied (2). Two months later, the control study showed a distal stricture and esophageal dilation, corrected by a balloon; as biopsy samples confirmed the LE, he underwent omeprazole with the symptomatic relief and no recurrence of esophageal stricture in follow-up (2). A 47-year-old woman with chronic recurrent substernal chest pain underwent an endoscopy that detected patchy linear erosions and edema in the middle third of the esophagus, and the biopsy study showed intraepithelial lymphocytosis confirming LE (3). She utilized high doses of proton pump inhibitor (PPI), and a low-acid diet with success; the authors highlighted not yet valorized LE manifestation as non-cardiac chest pain (3). A 40-year-old woman with psoriasis and Programmed Cell Death Protein 1 (PD-L1) expression, also had cough, and non-cardiac chest pain, and the diagnosis was LE; the authors suggested that PD-L1 may be a potential marker for the differential diagnosis (4). Retrospective analyzes of data from patients with LE who were treated with a swallowed tacrolimus syrup (1 mg bid) compared clinical, endoscopic, and histological peak lymphocyte count, with the disease activity before versus after utilizing the treatment (5). Seven LE patients undergoing tacrolimus treatment, being 4 men with a median age of 71.3 (61.3-76.5) years, dan median diagnostic delay of 51.0 (24.5-62.0) months; six patients were previously treated with PPI, five with topical and/or systemic steroids (5). All patients presented with clinically, and histologically active disease at baseline, while the topical treatment was followed by histological remission in 42.9%, and 57.1% had symptomatic improvement; then, the clinical and endoscopic LE activity decreased, while esophageal candidiasis and hyposensitivity around lips were observed adverse effects (5).

Case reports contribute to enhancing the suspicion index of healthcare workers about scarcely published conditions.

Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

References

1. González Otero L, Seoane Blanco L, García Gómez A, Gómez Rivas M, Armesto Pérez A, López Rosés L. Lymphocytic esophagitis - a little-known cause of dysphagia. Rev Esp Enferm Dig. 2024. doi: 10.17235/reed.2024.10656/2024. Epub ahead of print.

2. Aboona MB, Kosako Yost K, Muńa Aguon P, Fung BM, Nanda R. Lymphocytic esophagitis presenting with food impaction. Cureus. 2023;15(8):e42873. doi: 10.7759/cureus.42873.

3. Jradi A, Khoury KM, Karam K, El Hajj DII, Fiani E. Lymphocytic esophagitis: navigating an uncharted territory. J Investig Med High Impact Case Rep. 2025;13:23247096251313734. doi: 10.1177/23247096251313734.

4. Koleva M, Raby M, Dikov D. Lymphocytic esophagitis associated with chronic severe psoriasis: a case report with special reference to programmed death-ligand 1 expression. Cureus. 2024;16(10):e70815. doi: 10.7759/cureus.70815.

5. Schoepfer A, Asikainen S, Biedermann L, Kreienbuehl A, Godat A, Dommann C, et al. Swallowed topical tacrolimus induces clinical and histological remission in a subset of patients with severe lymphocytic esophagitis. Inflamm Intest Dis. 2025;10(1):41-49. doi: 10.1159/000542812.