

Title:
Intramural esophageal dissection. A rare occurrence in pediatric eosinophilic esophagitis

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SEPO

Editorial Celiac disease: bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Barcia Valencia	Lesión de Bowdler: diagnóstico por gastroscopia R. Barrio Iglesias, N. N. Barrio Irujo, M. Paz Novas y J. E. Dominguez Muñoz	65
Trabajos Originales Risk factors for severity and recurrence of celiac disease: bleeding N. Anjum, P. Calabuig, A. Arduini, M. Escobar and N. Gualillo	Notas Clínicas Celiac crisis in adults: a case report and review of the literature focusing on the presentation of abdominal pain M. de Alaveda-Nemoren, V. L. Barrio-Cabral and S. L. Lopera	67
Manosquepator and inflammatory bowel disease: the other diagnosis J. Barrio, A. Rojas, V. López-Castaño, J. Castro, M. Acuña-Barca, M. Hernández-Serra, C. García, M. de la Cruz, D. Barrio and A. López-García	Herangangioma: benign pathosis. Una localización infrecuente de tumor vascular? I. Alonso Abad, J. M. García-Cerdillo, L. Aguirre-Duñabe, A. M. Quintana Berro y A. Colla-Morero	69
Influence of sustained 48-hr response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Barrio, J. Calabuig, W. J. López-Alcalá, I. López, M. T. Ariza, A. Galván, F. Castiella, E. Fabrega and J. Crespo	Hemólisis por eritropoiesis suprarrenal: un caso reportado C. Pérez-Carpas, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Arangul-Roldán y C. García-Delgado	70
Malnutrition risk questionnaire combined with body composition measurement in malnourished outpatients with inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pili, I. Pall and P. Muñoz	Endoscopic removal of intubated large variceal plexus: a case report M. Oquendo and C. Torres-Munoz	73
A survey-based analysis of endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and S. Soriano	Microscópico: schwannoma en un caso de abdomen agudo A. Tapia-Palacio, M. R. Ramos-Vázquez, J. C. Cordero-Ramos, J. Cordero-Lafont and L. Carballo-Pérez	76
Revisión Endoscopic resection of colonic polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sostero-Salín, C. Salinas, F. Díaz and M. J. Cuatrecasas	Cartas al Editor Neoplasia neuroendocrina intestinal, un tumor poco habitual M. de Barrio, M. J. Santos-Fernández y M. N. Ramos-Rodríguez	79
Indicadores en Patología Digestiva Neutrofilos de la arteria mesentérica superior: una causa infrecuente de obstrucción intestinal J. Sempere-Jaguar, P. Albaladejo-Serra y J. C. García-Pérez	Presentación intestinal de tuberculosis por micobacterias ácido-bacilares asociada a consumo de Bismuto: patología infrecuente y poco conocida Y. Pineda-Vargas, D. M. Acosta y L. A. Alvarez	80
Neumatoxina séptica intestinal A. F. Romero-Muñoz y R. Barrio-Zelga	Paralisis esofágica idiopática en un paciente con múltiples divertículos Y. Sun, H. Zhu and D. Liu	81
Neutrofilos de Weller a pírcis autoinmunitarias C. Oña-Solís, C. C. Hernández-Segura, P. Pineda-Rodríguez y A. N. González-Fernández	Analisis y endoscopia: intubación endoscópica infrecuente en el diagnóstico diferencial de abdomen agudo C. Sánchez-Jiménez, I. Goveas-Noya y J. A. Acosta-Paredes	81
Endoscopic retrieval of trichobezoars in a schizophrenic patient J. L. Barrio-Hernández, M. E. Torres-Castro and M. Torres-Rodríguez	Perforación múltiple de divertículos de intestino delgado en paciente con síndrome de Ulcers-Duodenitis R. Fernández-Cruz, A. Barrio-Cerdillo y E. Muñoz-López	83
All four glitters is not gold: A different cause for an "alkaline vomit" A. Pineda, W. Sun, Y. Villalobos and G. Navarro	Altoplexia analítica como manifestación paraneoplásica de un adenoma actínico gástrico J. Barrio-Cerdillo, F. Fernández-Serrano y J. de la Fuente-Aguado	83
	Revisores 2016	85

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Intramural esophageal dissection. A rare occurrence in pediatric eosinophilic esophagitis

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Dear Editor,

Eosinophilic esophagitis (EoE) is a chronic immune-mediated esophageal disease, with a rising incidence in childhood. The diagnosis is confirmed by esophageal mucosa eosinophil-predominant inflammation. Rare complications, such as intramural esophageal dissection (IED) due to progressive transmural inflammatory and fibrotic process, may occur in young adults (1-4). While severe cases can require immediate surgical intervention, conservative management may be also effective, as recently reported by Ibáñez-Sanz et al. (3), decreasing the risk of surgery-related complications.

Case report

We report a pediatric case of EoE-associated esophageal dissection with a favorable outcome after a conservative management. An 11-year-old boy presented to the Emergency Department with retrosternal pain, odynophagia/dysphagia and sialorrhea of a one-week duration. He had an atopic background (allergic asthma and rhinitis), allergic rhinitis and a previous EoE diagnosis at the age of eight years (food impaction episode). He did not have any food allergies. Despite the voluntary interruption of swallowed fluticasone, he had remained asymptomatic.

On admission, the patient was febrile and a laboratory evaluation identified leukocytosis and elevated C-reactive protein. A chest computed tomography (CT) scan excluded mediastinitis, and endoscopy showed extensive ulceration and dissection of the esophageal posterior wall that extended to the muscular layer (Fig. 1). The symptoms resolved over the next two weeks with a conservative treatment of enteral nutrition, proton pump inhibitors (PPI), prednisolone, broad-spectrum antibiotic therapy. The child was discharged on day 35. Follow-up endoscopy revealed mucosal healing and no strictures. Twelve months later, the patient remained asymptomatic and compliant to maintenance treatment with swallowed fluticasone.

Discussion

This case illustrates a quite rare and serious complication of pediatric EoE. To our knowledge this is the youngest reported case of IED in this setting, with favorable outcome and a conservative management that allowed an esophageal wall restitution. Furthermore, it provides further insights into its natural history (1-3). The role of conservative management, particularly in this age group, despite an extensive dissection, and the treatment compliance of EoE are noteworthy, considering the progressive course of a transmural chronic inflammatory process.

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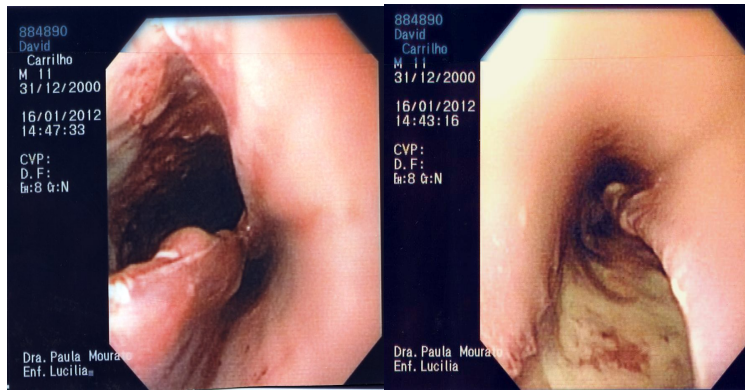


Fig. 1. Upper gastrointestinal endoscopy showing extensive ulceration and dissection of the esophageal posterior wall that reaches the muscular layer (~30% of the circumferential diameter).