

Title:

SEVERE GASTROINTESTINAL TOXICITY SECONDARY TO FLUOROPYRIMIDINES: ACUTE ESOPHAGEAL NECROSIS ASSOCIATED EXTENSIVE DUODENAL MUCOSITIS

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SEVERE GASTROINTESTINAL TOXICITY SECONDARY TO FLUOROPYRIMIDINES: ACUTE ESOPHAGEAL NECROSIS ASSOCIATED EXTENSIVE DUODENAL MUCOSITIS

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CASE REPORT

A 68-year-old male with stage IV sigmoid adenocarcinoma (liver metastases). KRAS and BRAF wild type. No other medical-surgical history of interest. In first line treatment with 5-Fluoracil, oxaliplatin and cetuximab. One week after the administration of the third cycle of therapy, the patient presented vomits which looked like coffee grounds. Gastroscopy showed an esophagus with ulcers, in its proximal third, which converged distally, appearing a black esophagus (Fig. 1), while gastric cavity had not relevant alterations. In the duodenum there were abundant ulcerations in different stages, radially distributed, without active bleeding or visible vessel, suggesting extensive mucositis (Fig. 2).

DISCUSSION

Mucositis is considered a common toxicity secondary to chemotherapy, especially when fluoropyrimidines are used (and very severe when the patient presents specific variants of dihydropyrimidine dehydrogenase gene). However, acute esophageal necrosis (AEN) is a less common complication.

AEN it is a severe form of acute esophagitis in which, at endoscopy, the esophagus shows a dark, black-appearing color. This appearance corresponds histologically to mucosal necrosis. The pathogenesis of AEN appears to be multifactorial, and its precise cause is still unknown (1).

The 10 % of patients with AEN have a history of malignancy (2). Cancer is associated with cachexia and immune dysregulation, thereby decreasing mucosal regenerative ability and increasing susceptibility. AEN often follows chemotherapy administration (3).

Management it is not conditioned by the presence of concomitant malignant disease. It should include (1), as in general population, hydration, treatment of the underlying illness, and acid

suppression.

REFERENCES

1. Ramos R, Mascarenhas J, Duarte P, et al. Acute esophageal necrosis: a retrospective case series. *Rev Esp Enferm Dig* 2008 Sep;100(9):583-5.
2. Abdullah HM, Ullah W, Abdallah M, et al. Clinical presentations, management, and outcomes of acute esophageal necrosis: a systemic review. *Expert Rev Gastroenterol Hepatol* 2019 May;13(5):507-514.
3. Dias E, Santos-Antunes J, Macedo G. Diagnosis and management of acute esophageal necrosis. *Ann Gastroenterol*. Nov-Dec 2019;32(6):529-540

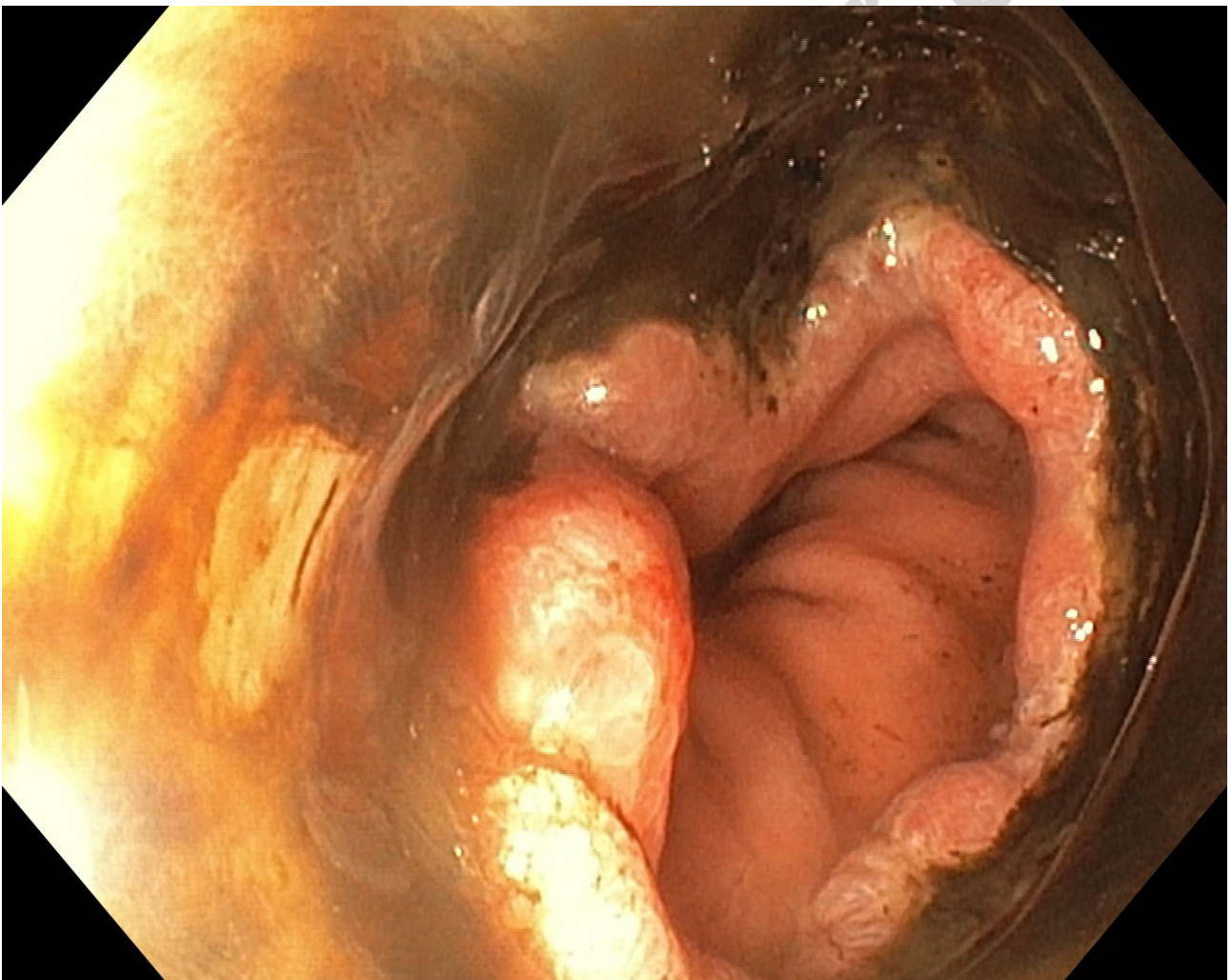


Figure 1. Ischemia with necrosis of the esophageal wall.

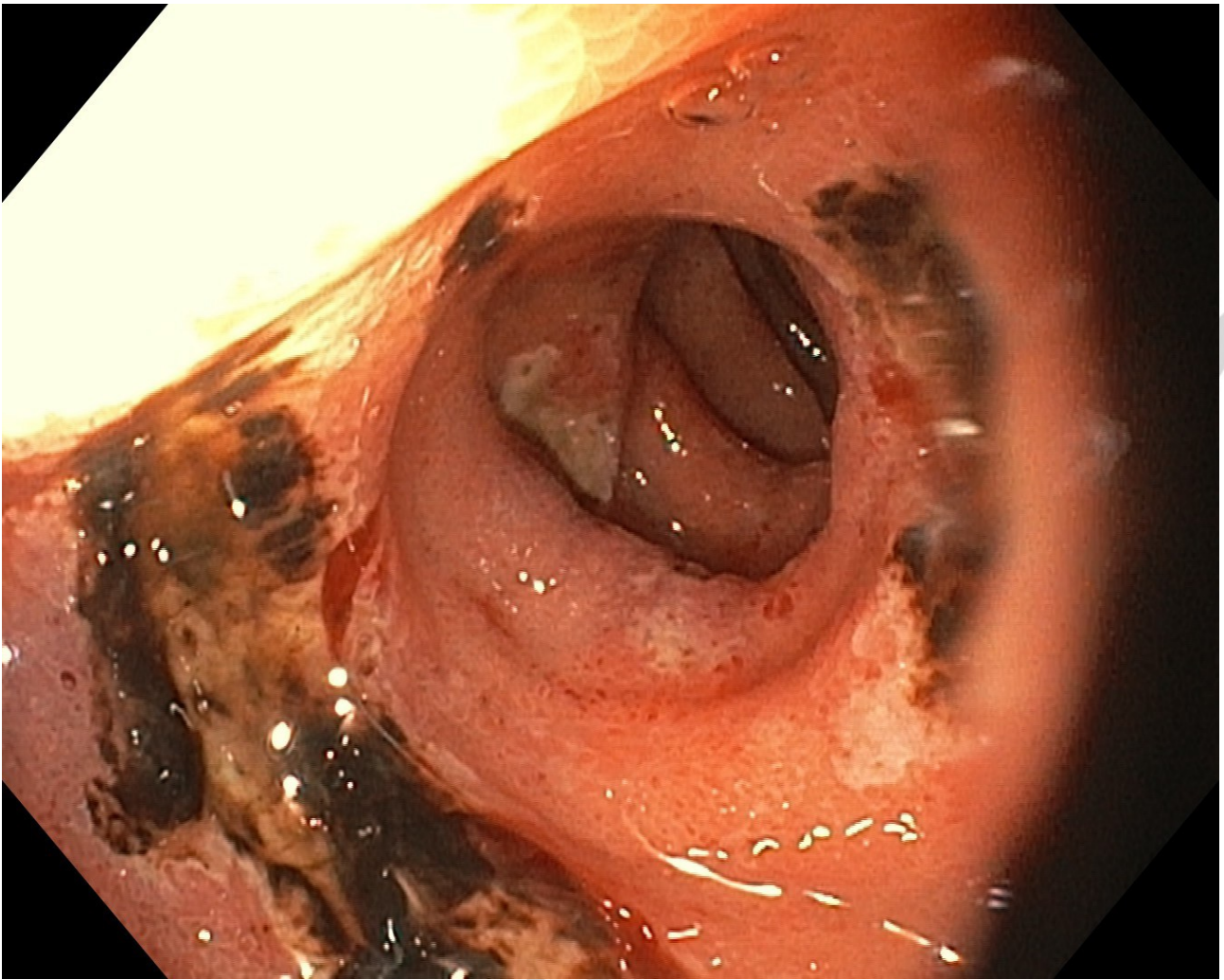


Figure 2. Bulbo-duodenal mucositis.

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