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DOI: 10.17235/reed.2022.9124/2022

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Gonçalves Margarida, Costa Dalila, Rebelo Ana, Gonçalves Bruno. A rare endoscopic pattern in a patient with gastroesophageal reflux disease. Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.9124/2022.

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**IPD 9124**

**A rare endoscopic pattern in a patient with gastroesophageal reflux disease**

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**Received:** 26/08/2022

**Accepted:** 29/08/2022

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*Conflict of interest: the authors declare no conflict of interest.*

*Informed consent: the authors obtained informed consent from the patient for the publication of their information and imaging.*

**CASE REPORT**

A 21-year-old male with a personal history of asthma and no usual medication was referred to gastroenterology appointment due to dysphagia for solids and previous episodes of food impaction in the last five months. He also reported nocturnal heartburn without any other warning signs.

Upper gastroscopy revealed a peptic stenosis in the distal esophagus. Histopathologic examination showed hyperplasia and numerous intraepithelial eosinophils, without dysplasia or malignancy. Therapy with a double-dose proton pump inhibitor (PPI) was started.

After two months, the symptoms persisted and a new upper gastroscopy showed that he still had peptic stenosis. Esophageal biopsies, under PPI therapy, were repeated and an increase in the number of intraepithelial eosinophils was not apparent. Endoscopic dilation was performed, with significant clinical improvement.

After the first endoscopic dilatation, the patient was lost to follow-up and returned to the gastroenterology appointment only two years later, with recurrence of the symptoms. Upper gastroscopy was repeated, which revealed peptic stenosis and multiple diverticula of varying sizes along the entire esophagus (Fig. 1). A chest computed tomography (CT) excluded mediastinal and pulmonary diseases and a new endoscopic dilation was performed. Currently, the patient is asymptomatic and a new endoscopic reassessment is programmed.

## **DISCUSSION**

Esophageal intramural pseudodiverticulosis due to peptic stenosis is a rare entity, especially at a young age (1). Some studies have reported that obstruction and subsequent dilation of excretory ducts were caused by inflammatory cells, epithelial desquamation, submucosal fibrosis or a combination of these factors, as occurs in gastroesophageal reflux disease or infectious esophagitis (2,3).

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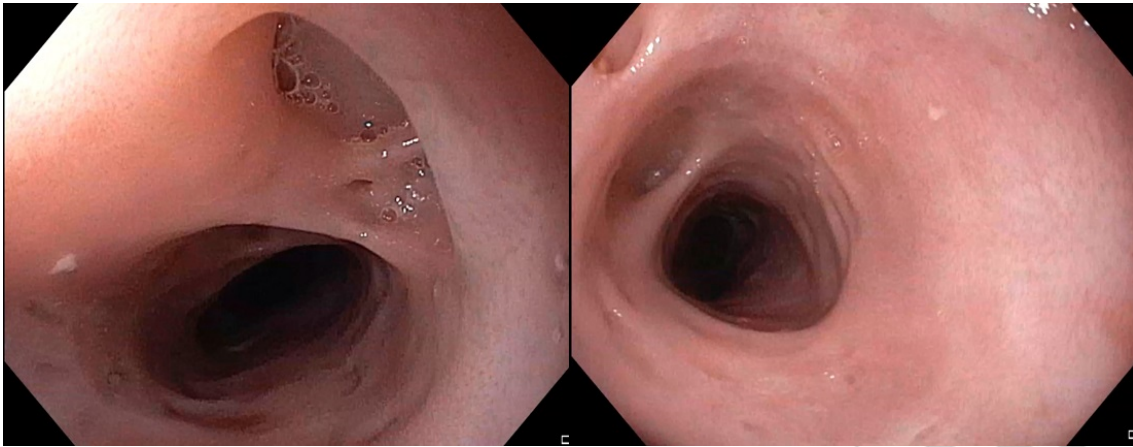


Fig. 1. Multiple esophageal diverticula of varying sizes along the entire esophagus.