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**Authors:**  
Margarida Gonçalves, Dalila Costa, Ana Rebelo, Bruno Gonçalves

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

### **AUTHORS:**

Margarida Gonçalves, MD

1. Gastroenterology Department, Braga Hospital, Braga, Portugal.

Dalila Costa, MD

1. Gastroenterology Department, Braga Hospital, Braga, Portugal.

Ana Rebelo, MD

1. Gastroenterology Department, Braga Hospital, Braga, Portugal.

Bruno Gonçalves, MD

1. Gastroenterology Department, Braga Hospital, Braga, Portugal.

### **Correspondence**

Margarida Gonçalves, MD

1. Gastroenterology Department, Braga Hospital, Sete Fontes – São Victor, 4710-243 Braga, Portugal.

Email: margaridagoncalves21@gmail.com; Tel: +351 914924922

### **Disclaimers**

The authors have no conflicts (financial, professional, or personal) to declare.

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## **Informed consent**

The authors obtained an informed consent from the patient for the publication of their information and imaging.

## **Case Report**

A 21-year-old man, with 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 5 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 2 months, he maintained the symptoms and a new upper gastroscopy revealed that he maintained peptic stenosis. Esophageal biopsies, under PPI therapy, were repeated and there was no longer an increase in the number of intraepithelial eosinophils. Endoscopic dilation was performed, with significant clinical improvement.

After the first endoscopic dilatation, the patient lost follow-up, returning to the gastroenterology appointment only 2 years later, with recurrence of the complaints. Upper gastroscopy was repeated, which revealed the maintenance of peptic stenosis and currently with multiple diverticula, of varying sizes, along the entire esophagus (Figure 1). A chest 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.

Esophageal intramural pseudodiverticulosis due to peptic stenosis is a rare entity, especially at a young age<sup>1</sup>. Some authors 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 occurred in gastroesophageal reflux disease or infectious esophagitis<sup>2,3</sup>.

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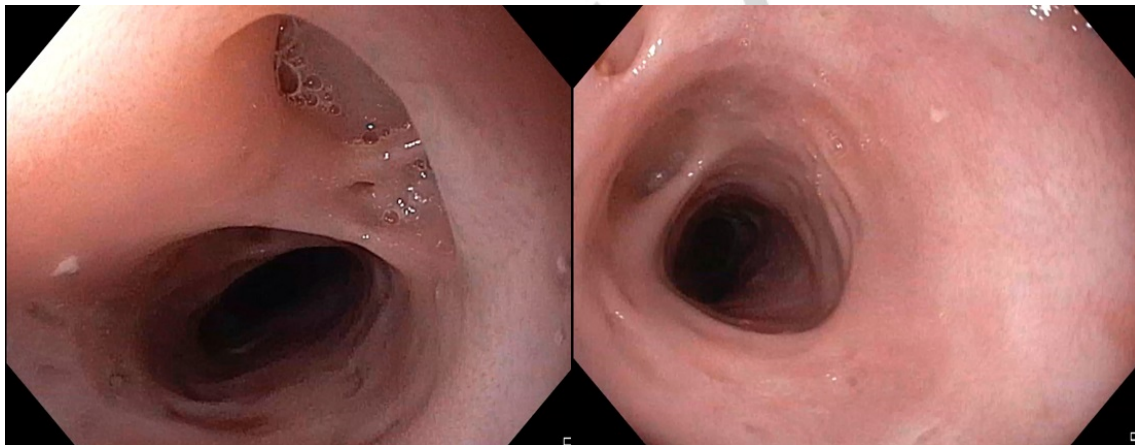


FIGURA: Multiple esophageal diverticula, of varying sizes, along the entire esophagus