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Esophageal lichen planus: an unusual case of dysphagia

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CASE REPORT

A 73-year-old female with a past medical history of tongue squamous cell carcinoma resected four years earlier presented with a two-year history of progressive dysphagia with periods of spontaneous improvement. Esophagogastroduodenoscopy (EGD) with formalin-fixed biopsies two months before admission identified nonspecific esophagitis.

She was admitted to hospital because of severe dysphagia, cachexia (BIMI 16) and dehydration. Laboratory tests results indicated decreased levels of prealbumin (1.58 g/dl) and total protein (5.9 g/dl). A new EGD revealed an esophageal stricture at 35 cm from the incisors, and mucosal slough above with fibrin that came off when rubbed. In the fresh and formalin-fixed biopsies, dense lymphocytic infiltration of the lamina propia and detached epithelium of the esophagus were observed. Immunofluorescence described intense deposits of fibrinogen at the basement membrane. Thus, these findings were suggestive of esophageal lichen planus. High

dose corticosteroids for a week and topical fluticasone were started.

DISCUSSION

Esophagogastroduodenoscopy after a month revealed improvement in the endoscopic appearance, referred to successive endoscopic balloon dilation with a good clinical outcome. The esophageal lichen planus is sometimes an underdiagnosed disease that has been associated with squamous cell carcinoma and poor quality of life due to the dysphagia. Immunohistochemistry can be useful for diagnosis and fresh biopsies should be considered to increase diagnostic sensitivity.

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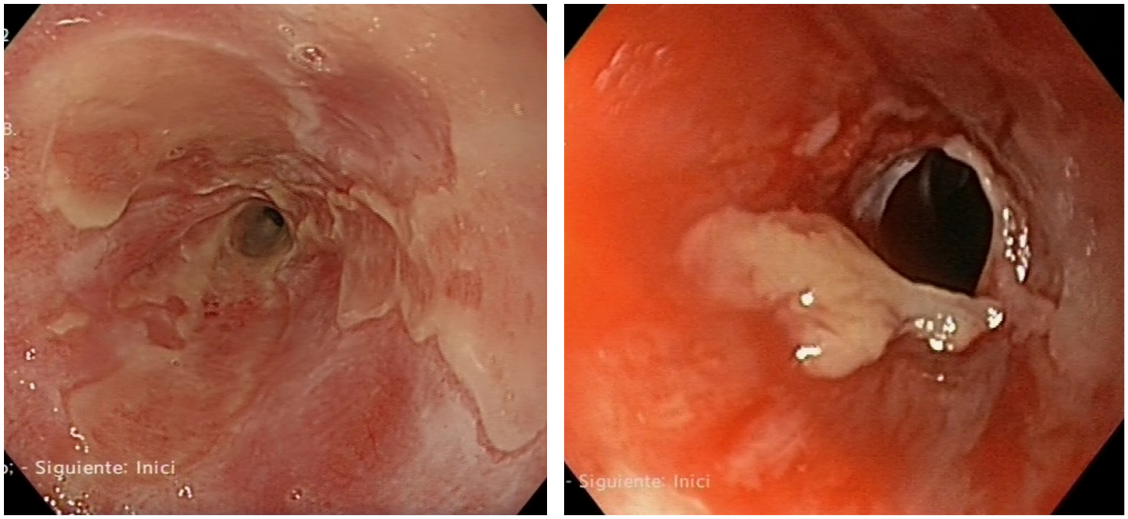

Fig. 1. Esophageal stricture, membranes and mucosal diffuse slough with the passage of the endoscope.

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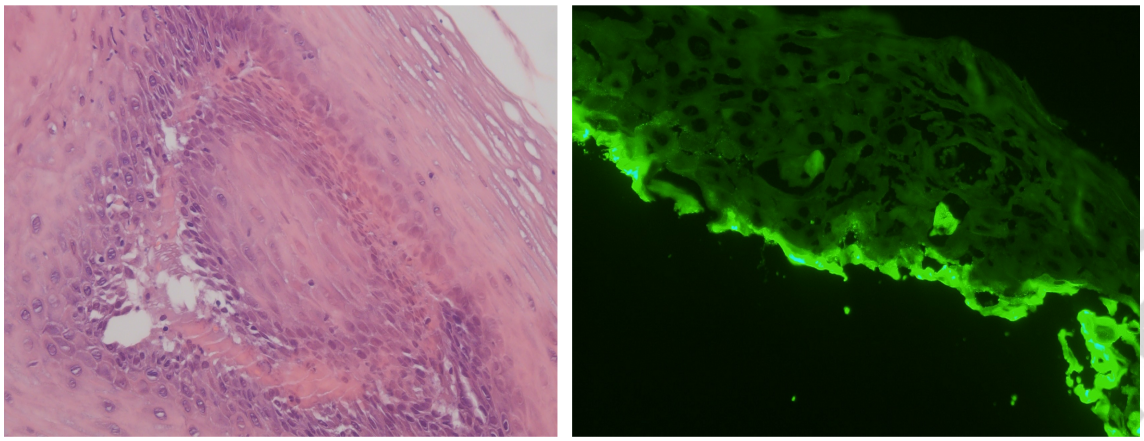

Fig. 2. Denudation of the surface epithelium. Lichenoid infiltrate in the subepithelium. Immunohistochemistry with a very thick deposit of fibrinogen in the base membrane.