

Learning Objectives

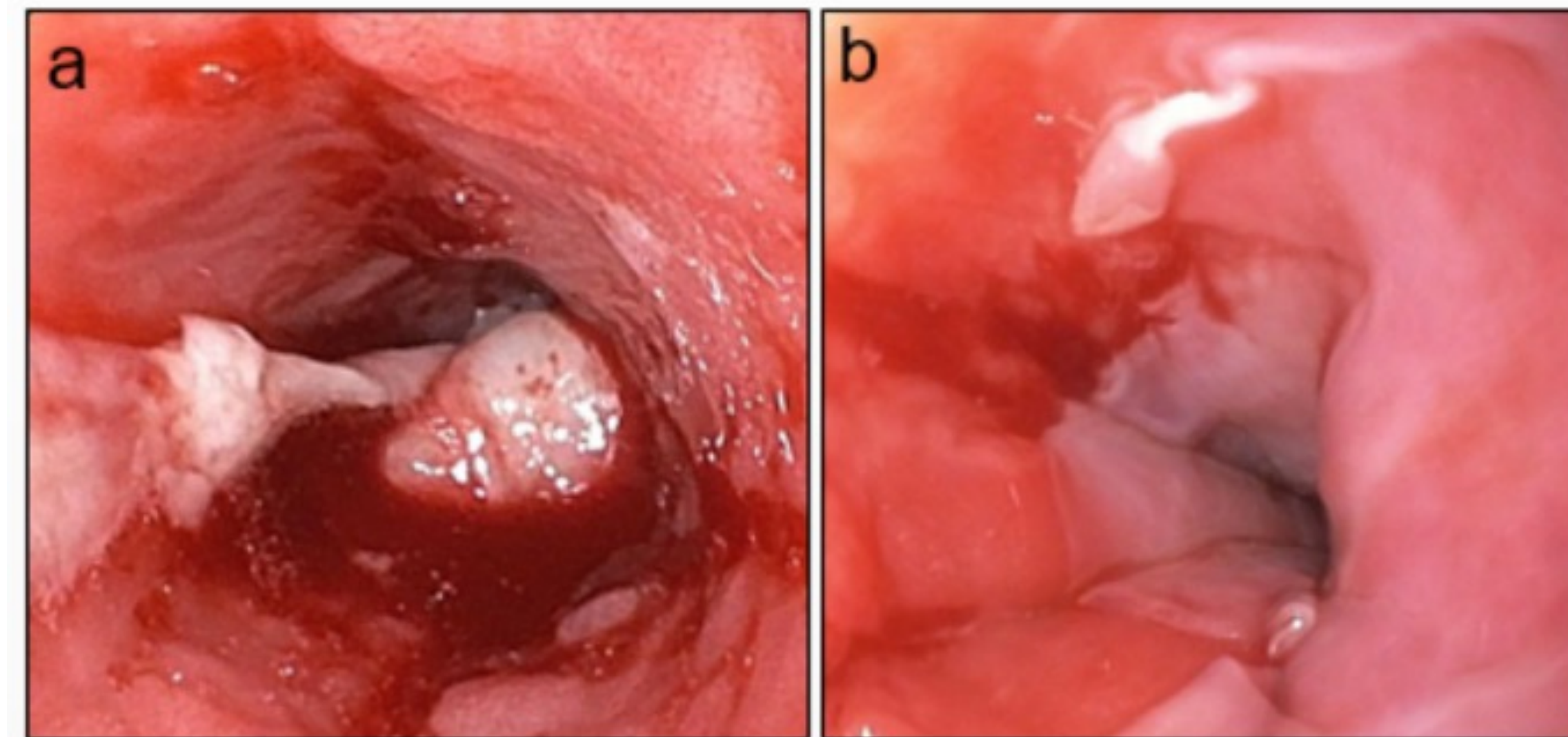
- Characterize the clinical associations of Esophagitis Dissecans Superficialis
- Understand the endoscopic and histologic characteristics of EDS
- Demonstrate the typical treatment and clinical course of EDS

Case Description

- A 79 year old male with past medical history of CAD, short segment Barrett's esophagus HTN, MCA Aneurysm, hyperlipidemia, and OSA presented with acute on chronic dysphagia and weight loss. He was diagnosed with Barrett's esophagus in 2018 when his dysphagia began. He required several admissions for IV hydration in the setting of refractory emesis. A repeat endoscopy in September 2021 revealed esophagitis dissecans superficialis. He also had a videofluoroscopic swallow study that showed slow esophageal motility. He was started on 20 mg of Prednisone with no improvement in his symptoms. Endoscopy was repeated in October 2021 and confirmed esophagitis dissecans superficialis which had not improved. His symptoms progressed despite adhering to daily Prednisone and he required another admission, as he had near complete intolerance to solid foods.

Physical Exam Findings

Most mucous membranes, no cervical lymphadenopathy, no masses, normal thyroid
Regular rate and rhythm
Clear to auscultation bilaterally
No scars, normal bowel sounds, soft, non-distended, nontender
No visible lesions, no erythema, no jaundice
No obvious neurological deficits



Distal esophageal stricture with mucosal sloughing, exudate, and friability before (a) and after (b) course of steroids.

Additional Studies

Endoscopy 9/22/21 showed Esophagitis Dissecans Superficialis (Severe esophagitis with sloughing mucosa) in the mid and distal esophagus.

Endoscopy 8/22/2018 showed salmon-colored mucosa suspicious for short-segment Barrett's esophagus.

Colonoscopy 10/11/2016 - Normal

EGD 10/28/21- Esophageal stricture at 33 cm characterized by erythematous and friable mucosa. Stricture required endoscope downsizing for traversal. The remainder of the esophagus proximal to the stricture was erythematous and exudative.

Hospital Course

- Our patient was admitted due to inability to maintain his nutritional needs due to severe dysphagia with intolerance to solid foods. He was on 10 mg of Prednisone at the time of admission for treatment of Esophagitis Dissecans Superficialis. He was started on IV PPI and added to the endoscopy schedule. He underwent EGD on 12/2/21 which showed esophageal stenosis characterized by mild erythema and friable mucosa with exudate and sloughing, which was consistent with esophagitis dissecans superficialis. The patient had endoscopic improvement in disease but worsening of symptoms. He was discharged the following day with some improvement in his dysphagia, attributed to the structural dilation performed during his endoscopy. Despite several months of a steroid taper, his symptoms persisted and in February of 2022 a percutaneous endoscopic gastrostomy tube was placed to provide long term nutrition.



Discussion

- Esophagitis dissecans superficialis (EDS) is a lesion characterized by full length sloughing of the esophageal mucosa.
- EDS has several established clinical associations including being present in up to 5% of desquamating dermatologic conditions such as pemphigus vulgaris [1].
- Additional associations include EDS manifestation after prolonged bisphosphonate therapy, ingestion of iron sulfate tablets, as a consequence of esophageal dilation, celiac disease, and in the setting of certain immunotherapies.
- Our patient had not been taking any of the implicated medications, does not have celiac disease, pemphigus vulgaris, and had only underwent esophageal dilation after being observed EDS.
- Most cases of EDS respond to a short course of steroids, but in the case of our patient, despite a prolonged steroid taper from 20 mg down to 5 mg daily of Prednisone he had symptomatic progression, albeit with endoscopic improvement.
- Biopsy typically shows sloughing and flaking of the superficial mucosal epithelium, parakeratosis, and vary degrees of inflammation [2]
- One study showed complete endoscopic resolution in 4 of 5 patients with mild esophagitis in one. [2]

Conclusion

- Esophagitis Dissecans Superficialis is a benign lesion of the esophagus that can present with dysphagia, hematemesis, vomiting, and odynophagia.
- The treatment involves steroids and endoscopic treatment of any structural issues, however some cases remain refractory
- Ultimate treatment, can sometimes involve merely offering nutrition support, in our case, via a PEG tube.

References

- 1] Rao et al. Study of upper gastrointestinal tract involvement in pemphigus by esophago-gastro-duodenoscopy. Indian J Dermatol Venereol Leprol. 2006;72(6):421.
- 2] Carmack et al. Esophagitis Dissecans Superficialis: A Clinicopathologic study of 12 cases. The American Journal of Surgical Pathology. Dec 200; 33(12): 1789-1794