Pylori in the Patch: Not an uncommon finding

Sylvia Keiser, DO[1], Muhammad Haris, MD[2], Juan Echavarria, MD[2],
Courtney Thomas, DO[3], Chandraprakash Umapathy, MD MS[2]

[1]UT Health San Antonio Internal Medicine Dept.; [2]UT Health San Antonio Gastroenterology and Hepatology Dept.; [3]UT Health San Antonio Pathology and Laboratory Medicine Dept.

INTRODUCTION

- Helicobacter Pylori (H. Pylori) is the most common chronic bacterial infection found in humans.
- H. Pylori is restricted in its ability to colonize only gastric mucosa; however, this can occur anywhere in the gastrointestinal tract where gastric mucosa is found.
- Heterotopic gastric mucosa of the upper esophagus (inlet patch) is thus a potential reservoir for H. Pylori.

CASE REPORT

- History of Present Illness:
  44-year-old man presented with year-long history of uncontrolled acid reflux, nausea with vomiting, loss of appetite and diffuse abdominal pain.

  He was previously diagnosed and treated for H. Pylori with triple therapy, not yet tested for eradication.
- EGD:
  Two areas of esophageal inlet patch in the upper third of esophagus suggestive of ectopic gastric mucosa, with associated nodularity.
- Histology:
  Biopsies from esophageal lesion confirmed gastric heterotopia with chronic active gastritis, positive for H. Pylori. Random gastric biopsies were also positive for H. Pylori.
- Patient was treated with quadruple therapy for 14 days with improvement in symptoms.

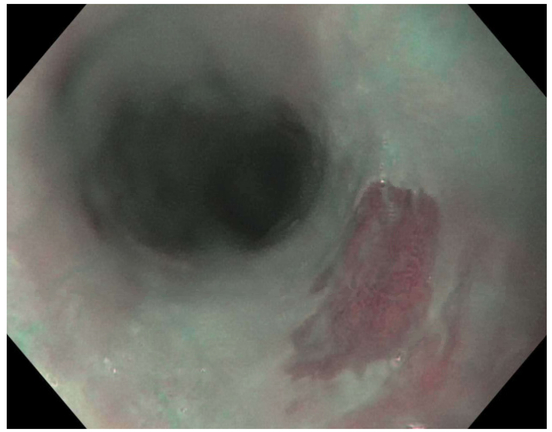

Image 1: EGD demonstrating esophageal inlet patch with small areas of nodularity

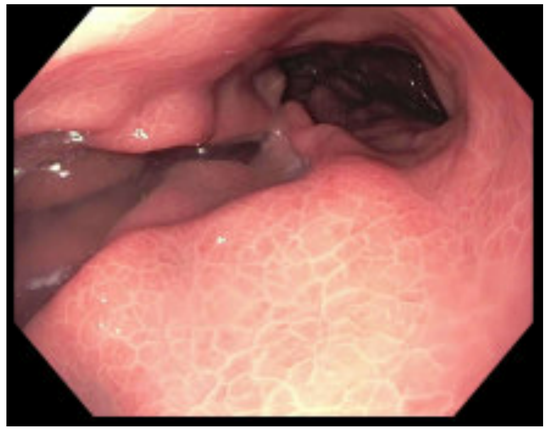

Image 2: EGD demonstrating gastric mucosa with a mosaic pattern and mild erythema

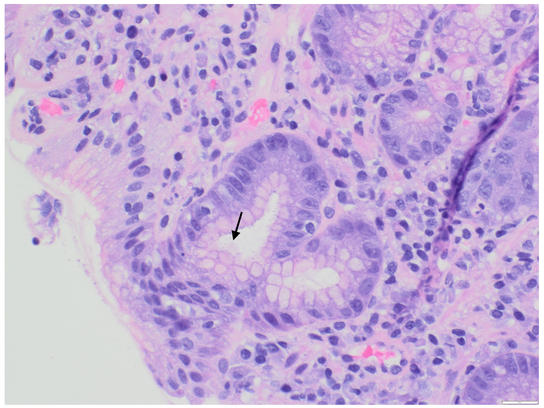

Image 3: H. Pylori organisms in lumen (H&E, 400x)

CONCLUSION

- Inlet patches are mostly found in the upper third of the esophagus, typically adjacent to the upper esophageal sphincter.
- Symptoms include chronic cough, heartburn, sore throat, globus sensation, dysphagia, and regurgitation. Symptoms likely occur due to the acid production in the heterotopic gastric mucosa.
- H. Pylori colonization of heterotopic gastric mucosa is common in patients with concomitant H. Pylori gastritis.
- Isolated H. Pylori infection in an inlet patch without concurrent H. Pylori gastritis and cases of primary adenocarcinoma arising from the heterotopic gastric mucosa have been reported.
- Biopsies of the inlet patch should be considered in all patients presenting with esophageal and extraesophageal symptoms, especially if it is associated with nodularity.