

BACKGROUND

- Pill-induced esophageal stricture is a rare but well-documented condition associated with various causative agents.
- Potassium chloride and quinine are the most common causes and are more likely to produce stricture than other agents (such as Bisphosphonates and Tetracycline).
- Predisposing factors include older age, male gender, sustained release medication formulation and prior esophageal structural abnormality.

CASE REPORT

An 80 year-old female with history of osteoporosis taking Alendronate presented with 3 weeks history of progressive solid and liquid dysphagia and endorsed 20 lbs weight loss. The patient reported inability to keep any food down for 3 days prior to presentation and had begun requiring the use of oral suction at bedside due to inability to swallow her own saliva. She appeared clinically well on exam. He laboratory study showed profound electrolytes abnormality.

Esophagogastroduodenoscopy (EGD):

- Circumferential mid esophageal ulceration that progressed to a narrow stricture that could not be traversed with a stricture scope (5.9 mm diameter).

Management:

- Alendronate was discontinued
- Patient treated with liquid formulation omeprazole twice daily.
- Diet slowly advanced from clear liquid to mince.

Other complications:

- Patient developed refeeding syndrome after diet was reinitiated
- Prolonged hospitalization

Follow up (two months):

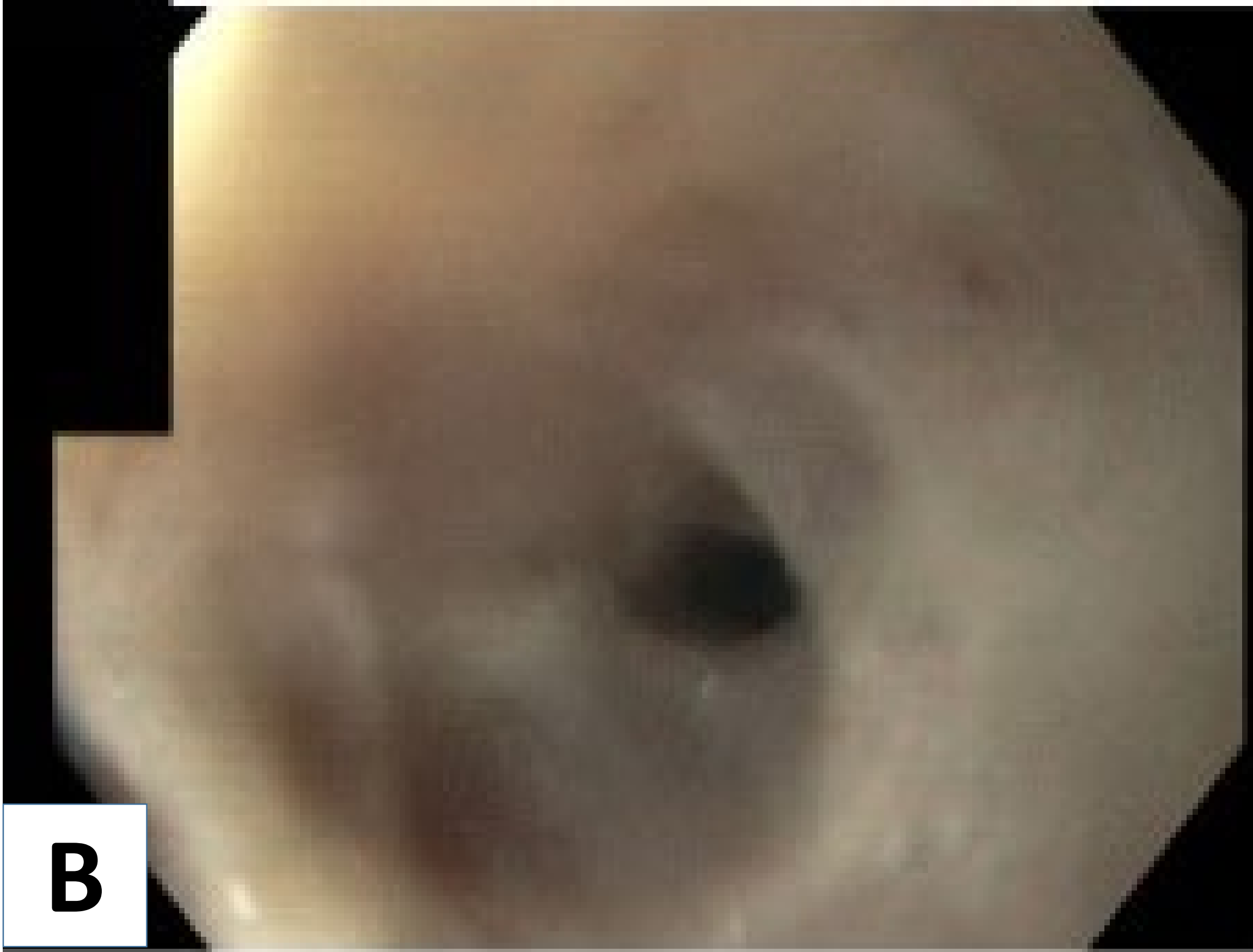
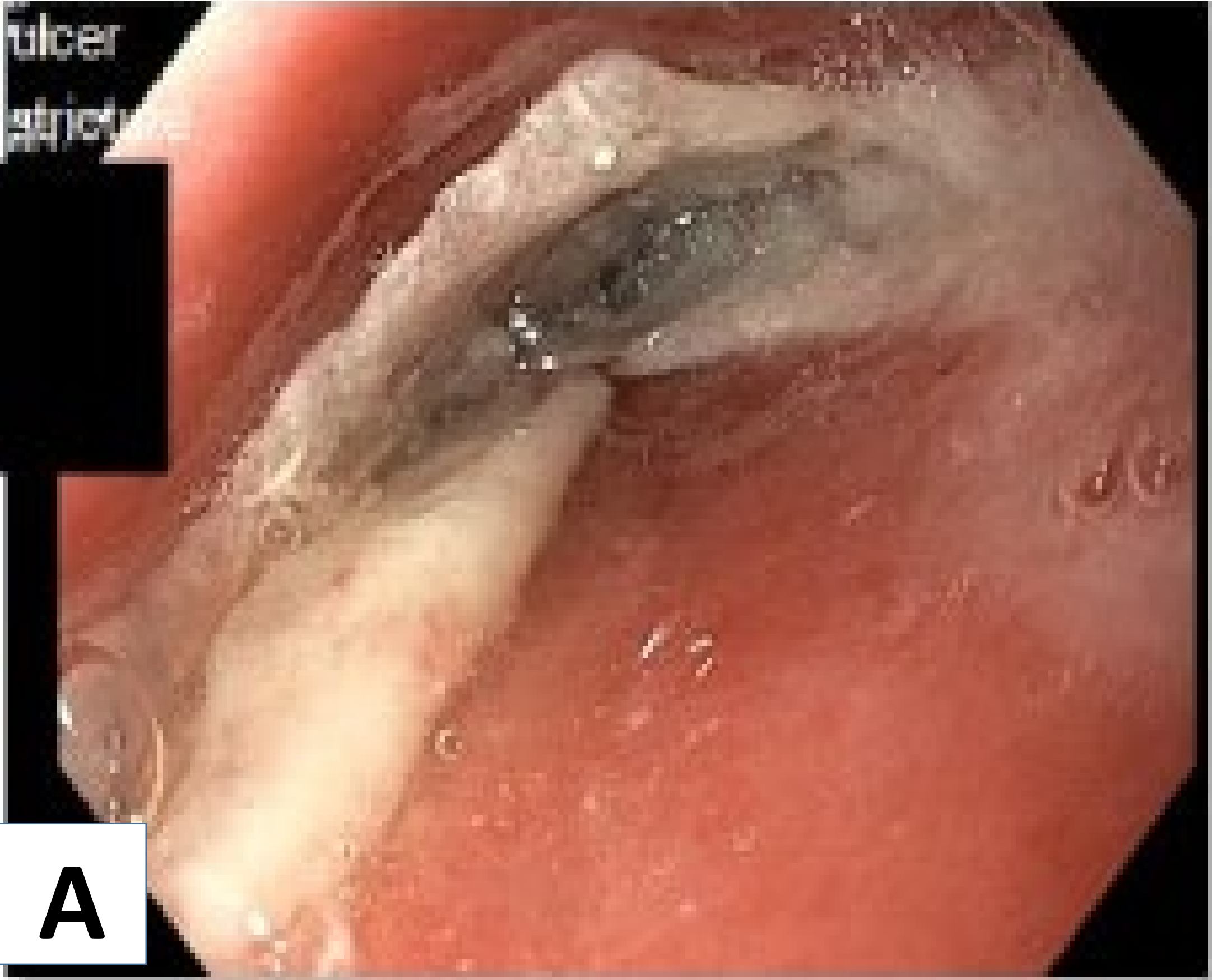
- Dysphagia resolved.
- Repeat EGD revealed a tapered benign-appearing stricture in the distal esophagus
- Balloon dilation performed to a diameter of 13 mm without creation of a mucosal rent.

DISCUSSION

This case highlights the severity and potential rapid progression of pill-induced esophageal damage caused by Bisphosphonate therapy. Esophagitis or esophageal mucosa ulceration are common.

Pathophysiology:

- Mucosal damage is caused by direct contact of the drug with the esophageal mucosa.
- Stricture formation may be caused by chronic inflammation from long-term use.
- Reports of stricture formation from Alendronate use are rare.



Esophagogastroduodenoscopy ( EGD) at initial presentation. Mid esophageal ulceration and non-traversable esophageal stricture with stricture endoscope



Esophagogastroduodenoscopy ( EGD) 12 weeks after discontinuing Alendronate: stricture in the distal esophagus. Through-the-scope Balloon dilation to 13mm.

Clinicians should have a high index suspicion in a high-risk patient presenting with classic symptoms of dysphagia. In addition, patients should receive counseling on proper pill ingestion technique to prevent potential esophageal damage.

References available upon request.

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