

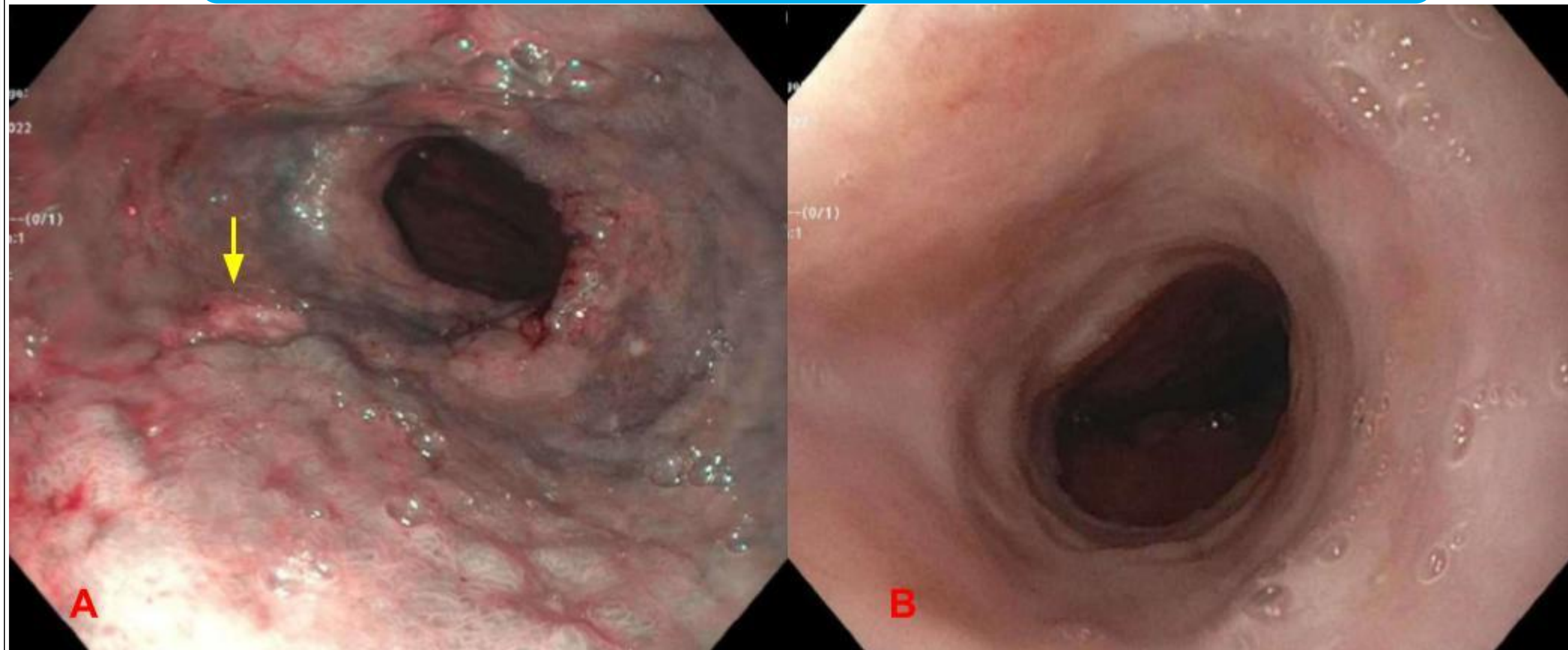
## Introduction

- Heterotopic Gastric Mucosa (HGM), the presence of columnar epithelium of the stomach, can be detected in any part of the gastrointestinal (GI) tract.
- Inlet patch is a relatively common endoscopic finding where HGM is seen in the cervical esophagus. Mid esophageal HGM is an exceedingly rare entity. [1]
- Finding of HGM in distal esophagus can be challenging since it needs to be differentiated from Barrett's esophagus (BE), a lesion with high malignant potential. [2]
- We report a unique patient with a large (10 cm) patch of mid esophageal HGM who presented with upper GI bleeding.

## Case Description

- A 82 year old female with history of hypertension and breast cancer presented with shortness of breath and syncope. Patient reported 3 weeks of intermittent liquid black stools. Patient denied taking any non-steroidal anti-inflammatory drugs.
- Patient also denied any surgical intervention in the abdominal or thoracic cavity.
- Vitals were unremarkable.
- Physical exam demonstrated black-tarry liquid stools on rectal exam consistent with melena.

## Clinical Scenario with Endoscopic Images



**Fig A) 10cm salmon-colored mucosa in mid esophagus consistent with gastric mucosa**

- Blood work was significant for hemoglobin of 5.9 g/dL with a baseline of 12 g/dL, BUN/Creatinine 68 mg/dL/1.66 mg/dL and with a baseline of 18 mg/dL/1.30 mg/dL.
- Subsequently patient had an esophagogastroduodenoscopy (EGD) which revealed diffuse salmon-colored mucosa which was present at 19 to 29 cm from incisors that was erythematous, nodular, friable, and with ulcerations [Fig A]. Lower esophagus was found to have normal appearing mucosa [Fig B].

**B) Normal appearing lower esophagus.**

- Mucosa was biopsied in a targeted manner in 4 quadrants at intervals of 2 cm. These biopsies demonstrated gastric mucosa with moderate chronic inflammation without any squamous epithelium present.
- These biopsies were also negative for H. pylori, intestinal metaplasia and dysplasia.
- Patient was started on Proton pump inhibitor and is planned for a repeat EGD in 3 months to assess for mucosal healing.

## Discussion

- Mid esophageal heterotopic gastric mucosa is an extremely rare entity which if ulcerated, can lead to life threatening bleeding.
- Majority of the patients are asymptomatic and diagnosed incidentally when it is complicated with esophageal webs, rings, strictures, fistula, ulcers as in our case, and malignancy.
- Biopsy plays a key role in differentiating HGM from BE by finding columnar epithelium without intestinal metaplasia or Goblet cells. Treatment is mainly focused on complications seen during endoscopic examination and histopathology. [3]
- Unlike BE, there are no clear guidelines for the surveillance of HGM since malignant transformation is exceedingly rare.

## References

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