

Introduction

- Reflux esophagitis is a highly prevalent condition characterized by mucosal irritation in the distal esophagus.
- The condition is readily treatable, however severe complications can arise if left untreated such as perforation which can be life threatening.
- We present a case of known, but untreated, severe esophagitis which resulted in perforation and subsequent severe stenosis with ongoing complications.

Case Presentation

- 54 year old homeless man history of severe alcohol use and untreated GERD.
- Presented after being found down, reported hematemesis. CT showed esophageal thickening.
- EGD showing LA Grade D erosive esophagitis.
- Discharged with oral ppi twice daily, alcohol cessation, repeat EGD in 8 weeks
- Re-presented six months later with similar presentation
- EGD showed severe esophagitis and deep esophageal ulcers
- Stabilized and discharged
- Re-presented three months later with hematemesis, acute anemia. Reported non-compliance
- EGD showed LA Grade D erosive esophagitis with large mid-esophageal deep perforation
- Cardiothoracic surgery consulted, recommend conservative management as imaging showed perforation was contained.
- Again stabilized and discharged home with follow up

Figures

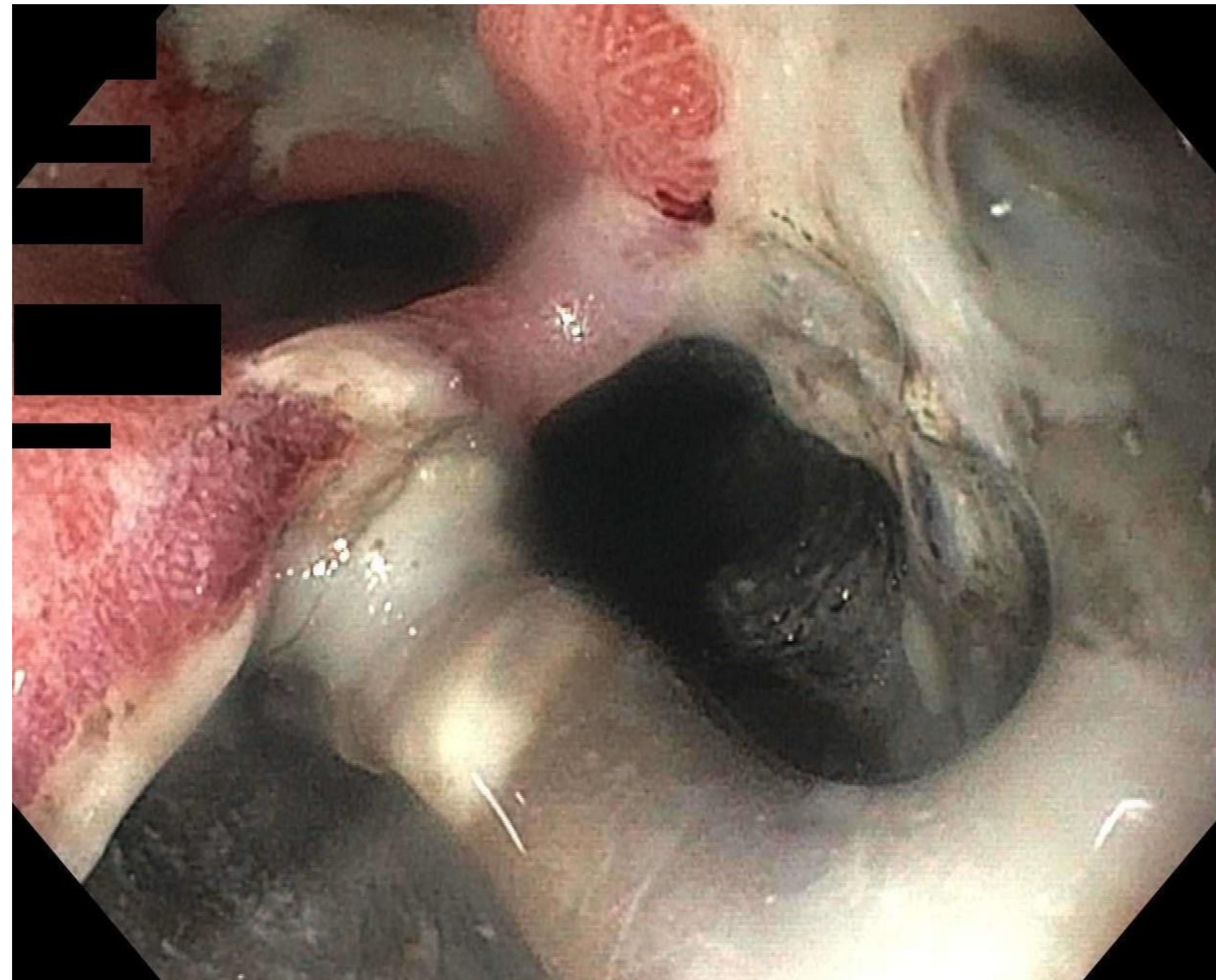


Figure 1: Endoscopic view of mid-esophageal perforation and surrounding necrotic tissue

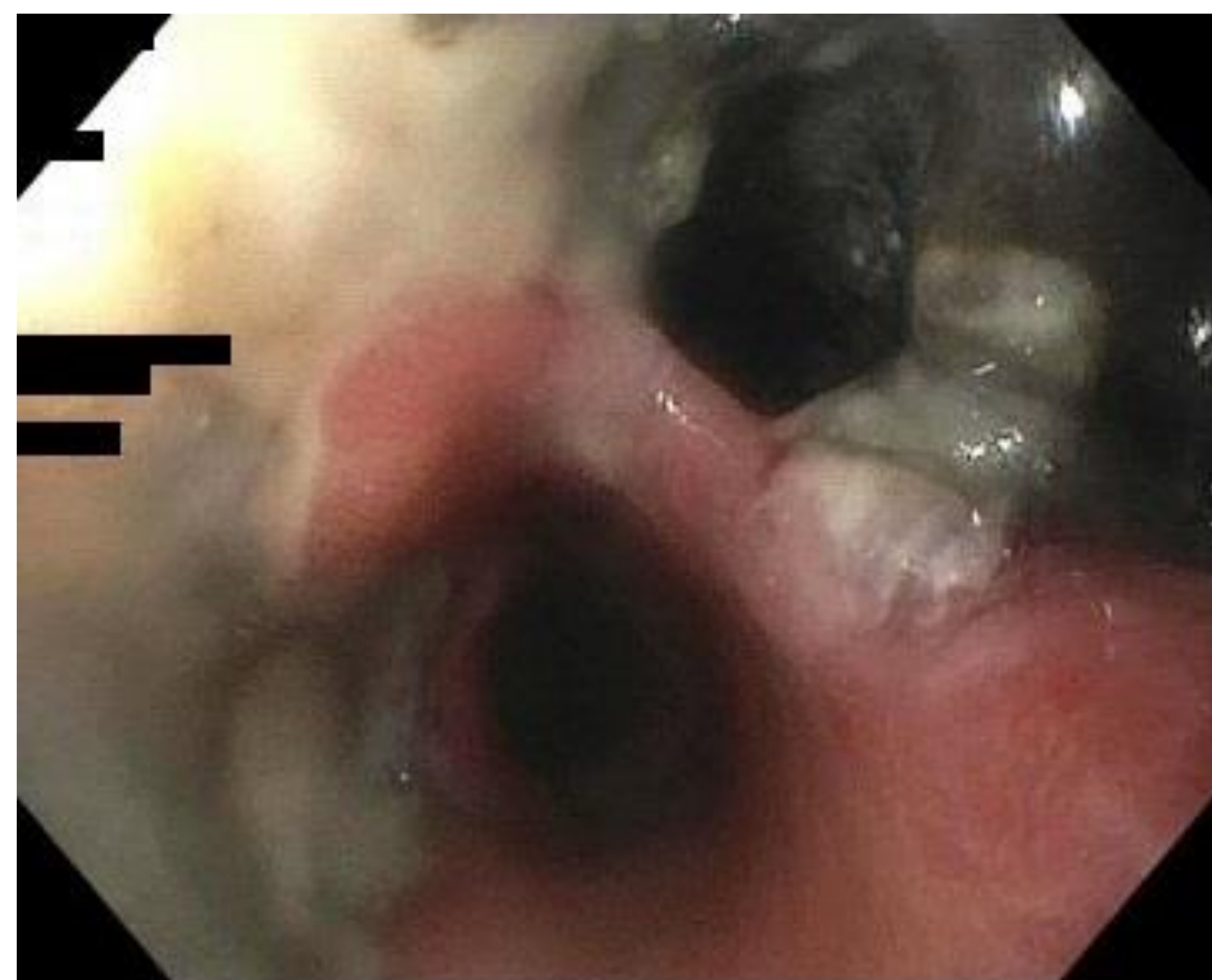


Figure 2: Mid-esophageal perforation is again visualized with false anatomical structure resembling near-tracheal bifurcation

Follow up Course

- Over the next year patient presented to the emergency department on several occasions with dysphagia.
- s/p serial EGDs, repeat balloon dilations for severe stenosis at the area of prior perforation.

Discussion

- Reflux esophagitis is common, affecting nearly 10-20% of Western populations.
- Grades A through D, based on severity and length of mucosal disruption. Grade A involves one or more esophageal mucosal breaks less than 5 mm in length, while grade D is characterized by mucosal breaks involving more than 75% of the esophageal sphincter.
- Treatment typically involves a combination of lifestyle modifications and acid suppressant medications
- Common complications of chronic untreated esophagitis include esophageal ulceration, Barrett esophagus, lower esophageal Schatzki rings, and esophageal adenocarcinoma.
- While reflux esophagitis with ulceration is relatively common, severe esophagitis leading to perforation is a rare and serious complication.
- This case highlights an easily treatable condition with severe, life-threatening consequences in the setting of non-compliance.
- Patient improved but now has residual sequela requiring frequent treatment

References

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- The authors of this poster have no disclosures to reveal