

## BACKGROUND

- Esophageal intramural pseudo-diverticulosis (EIPD) is a rare disorder of idiopathic etiology characterized by the presence of multiple small outpouchings protruding from the esophageal lumen
- Diagnosis is typically made through radiological imaging or with esophagogastroduodenoscopy (EGD)
- While asymptomatic by itself, symptoms arise from associated conditions including candidiasis, esophageal stricture, and chronic esophagitis
- Dysphagia secondary to esophageal stricture is the most common presenting complaint

## CASE PRESENTATION

- This is a case of a 38-year-old male with human immunodeficiency virus (HIV) on anti-retroviral therapy
- He was evaluated for a chronic 6-month history of dysphagia and odynophagia, associated with nausea, vomiting, heart burn, and weight loss
- He underwent EGD which revealed pseudo-diverticula along the entirety of the esophagus with superimposed esophageal candidiasis
- Patient was prescribed fluconazole 100 mg oral daily for 2 weeks and recommend to return for repeat endoscopic evaluation, however the patient was unfortunately lost to follow-up

## DISCUSSION

- The diagnosis of EIPD may not always be apparent through EGD, as the diverticula may be small enough to miss
- If a high clinical suspicion remains, radiological imaging with contrast should be considered as it has enhanced sensitivity for detecting these smaller diverticula
- EIPD has been associated with *Candidiasis*, however it is uncertain whether it causes or is a result of the infection

Figure 1

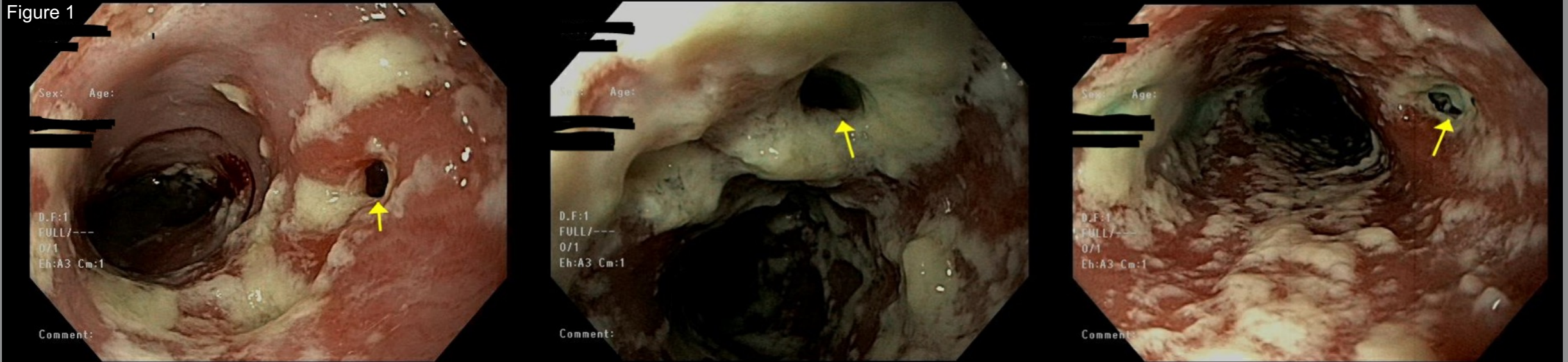


Figure 1: Esophagogastroduodenoscopy (EGD) images demonstrating esophageal intramural diverticula indicated by yellow arrows, and showing generalized esophageal candidiasis plaques present throughout the entirety of the esophagus