Resolution of dysphagia following endoscopic resection of a large, nodular, esophageal inlet patch with low grade dysplasia

A 44-year-old man was referred due to chronic dysphagia to solids and a persistent globus sensation. Esophagogastroduodenoscopy (EGD) revealed a nodular inlet patch with a hyperplastic polypoid appearance occupying 70% of the luminal circumference in the proximal esophagus from 18 to 20 cm. Narrow-band imaging did not reveal dysplastic features and biopsies confirmed gastric heterotopia without dysplasia. Further work-up with barium swallow, chest X-ray, esophageal manometry, and pH testing were normal. Medical therapy with twice-daily proton pump inhibitor did not improve his symptoms. As such, endoscopic resection was proposed.

The procedure was performed under general anesthesia with endotracheal intubation (▶Video 1). Piecemeal endoscopic mucosal resection (EMR) was performed using a Duette multiband mucosectomy device (Cook Medical, Limerick, Ireland) after submucosal lifting using normal saline with diluted methylene blue. The entire inlet patch was successfully removed using nine bands with minor bleeding controlled using hemostatic forceps. Diluted triamcinolone (34 mg) was injected into the EMR defect for stricture prophylaxis, followed by treatment with budesonide slurry and sucralfate suspension for 4 weeks. The pathology revealed gastric oxyntic mucosa with low grade dysplasia. Follow-up EGD at 1 year confirmed the absence of any residual inlet patch and no dysplastic findings. Crucially, the patient had complete resolution of his chronic symptoms.

Conflict of interest

The authors declare that they have no conflict of interest.

The authors

Katarzyna M. Pawlak1, Christopher Teshima1
1 Division of Gastroenterology, St. Michael’s Hospital, University of Toronto, Toronto, Canada

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