We present a rare case of dysphagia due to the coincidence of eosinophilic esophagitis with esophageal intramural pseudodiverticulosis (EIP).

A 28-year-old man had a 15-year history of intermittent solid-food dysphagia and heartburn-like symptoms that were not relieved with prescription gastric acid-reducing agents. He denied any history of food impaction or allergies. Blood analysis and physical examination were unremarkable with a stable body mass index (BMI) of 21 kg/m².

A 24-hour esophageal pH study showed no evidence of pathological gastroesophageal reflux and esophageal manometry demonstrated no motor abnormalities. Upper gastrointestinal endoscopy showed a small caliber esophagus with multiple concentric rings with additional white spots and multiple small orifices (Fig. 1). Esophageal biopsies revealed a high eosinophil count (>50 eosinophils/high power field; Fig. 2), indicative of eosinophilic esophagitis. A barium esophagogram also revealed a small caliber esophagus with tiny flask-shaped outpouchings in the distal and mid-esophagus, and multiple rings in the proximal esophagus (Fig. 3).

Treatment of EIP is usually directed at the underlying associated condition [1]. The treatment of eosinophilic esophagitis is aimed at reducing eosinophil inflammation with the use of corticosteroids. In addition, endoscopic dilation may be of benefit for esophageal strictures [3]. In our patient, a therapeutic regimen consisting of topical steroid intake led to significant clinical improvement within 4 weeks.

References
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