A relapse case of acute necrotizing esophagitis

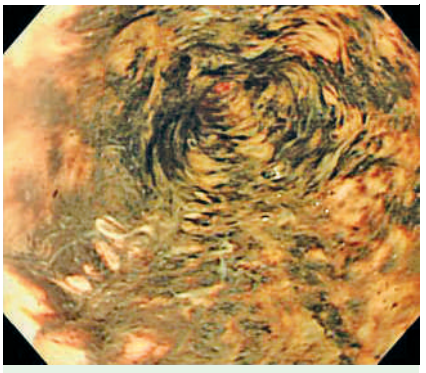

Fig. 1 Endoscopy revealed a black-appearing esophageal mucosa extending from the proximal two thirds of the esophagus to the cardia.

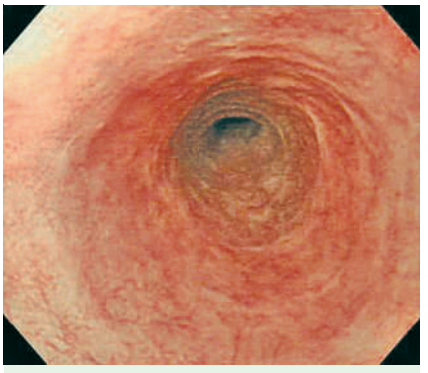

Fig. 3 By continuing to take rabeplazole for 4 months after release from hospital, the patient was cured of esophagitis.

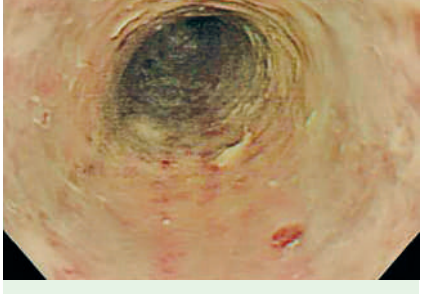

Fig. 2 After 6 days of treatment, the esophageal surface was diffusely covered with whitish exudates.

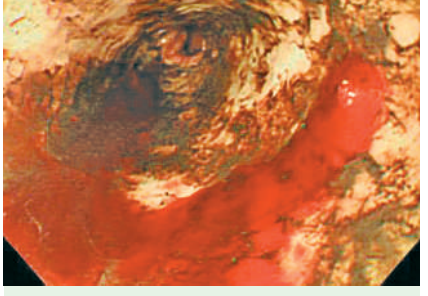

Fig. 4 The patient returned 37 days after finishing the rabeplazole treatment, and endoscopy revealed a reoccurrence of the black-appearing esophageal mucosa and whitish exudates, as well as mucosal bleeding.

Acute necrotizing esophagitis (ANE) is a severe form of acute esophagitis that appears dark black in color ("black esophagus") at endoscopy due to mucosal necrosis [1]. ANE is an uncommon condition of unknown etiology. Grudell et al. reported that among 52 cases of ANE, seven cases involved massive gastroesophageal reflux [2]. As gastroesophageal reflux is one of the proposed causes of ANE [3,4], treatment generally includes administration of a proton pump inhibitor (PPI).

A 67-year-old man complained of vomiting and chest pain 5 days after surgery for a vitreous hemorrhage. The patient had a history of diabetes mellitus, hypertension, hyperlipidaemia, and angina pectoris. Endoscopy revealed a black-appearing esophageal mucosa extending from the proximal two thirds of the esophagus to the cardia (**Fig. 1**). After 6 days of treatment that included oral nutritional rest for 1 week and rabeplazole (20 mg/day), the mucosal surface was diffusely covered with whitish exudates (**Fig. 2**), and biopsy specimens consisted of necrotic debris. By continuing to take rabeplazole for 4 months after release from hospital, the patient was cured of esophagitis (**Fig. 3**). However, 37 days after finishing the rabeplazole treatment, the patient returned due to recurring vomiting and chest pain. Endoscopy revealed a reoccurrence of the black-appearing esophageal mucosa and whitish exudates, as well as mucosal bleeding (**Fig. 4**). Upon reestablishment of the treatment described previously, the relapsed ANE improved considerably within 3 weeks. With continued administration of rabeplazole, the ANE has not relapsed.

To our knowledge, this is the first reported case of a relapse of ANE [2,5]. In this case, relapse may have been associated with acid backflow, and we hypothesize that if the patient were to discontinue the PPI, he would experience another relapse.

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Bibliography

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