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).

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 (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.

References

Bibliography
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