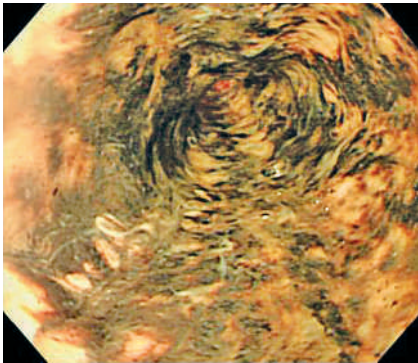
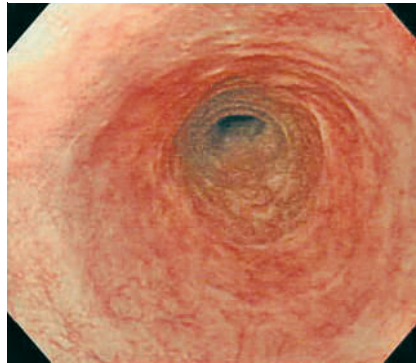


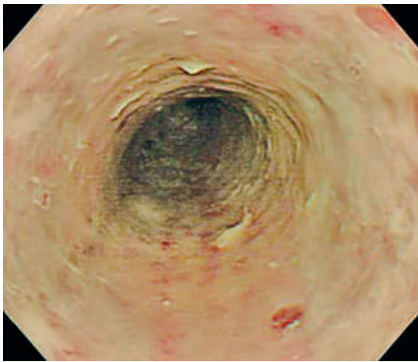
## A relapse case of acute necrotizing esophagitis



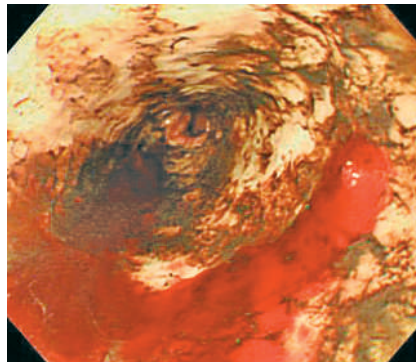
**Fig. 1** Endoscopy revealed a black-appearing esophageal mucosa extending from the proximal two thirds of the esophagus to the cardia.



**Fig. 3** By continuing to take rabeprazole 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 rabeprazole 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 rabeprazole (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 rabeprazole for 4 months after release from hospital, the patient was cured of esophagitis (● Fig. 3). However, 37 days after finishing the rabeprazole 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 rabeprazole, 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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