A 9-year-old girl with a history of asthma, intermittent solid food dysphagia and blockage was admitted because of chest pain, pyrosis, and fever (38.3°C). The only medication she was on at the time of our evaluation was the inhaler Salbutamol-sulfate, which she used as needed. Symptoms started a few hours after a food blockage episode. Physical examination was normal, except for tachycardia (135 bpm). Laboratory results showed: leukocytosis \((17300/mm^3)\), \(11.59 \times 10^9\) neutrophils, a high C-reactive protein (180 mg/l), and erythrocyte sedimentation rate of 74 mm/h. Chest radiograph was normal. Chest computed tomography scan \(\text{(Fig. 1a)}\) showed a retroesophageal perforation, with periesophageal fluid collection. Initial treatment consisted of fasting, intravenous antibiotics \((ceftriaxone 1.5\, \text{g/d},\, \text{metronidazole} \, 300\, \text{mg t.i.d,} \, \text{gentamicin} \, 90\, \text{mg/d})\), and proton pump inhibitor \((30\, \text{mg/d})\), with good evolution. Upper endoscopy \(\text{(Fig. 1b)}\) 2 months later showed an upper esophageal resistance to the tube passage without stenosis, and normal mucosa. Biopsies demonstrated very many intraepithelial eosinophil aggregates \(>20\, \text{eos/HPF (Fig. 1c)}\).

Eosinophilic esophagitis is characterized by esophageal and/or upper gastrointestinal tract symptoms in association with an esophageal mucosal biopsy containing \(\geq 15\) intraepithelial eos/HPF in one or more biopsy specimen, without pathologic gastroesophageal reflux disease \(\text{(GERD)}\) \[1\]. Eosinophilic esophagitis is a rare chronic inflammatory disease, with a varied clinical and endoscopic spectrum. Some age-related differences were noted between symptoms in children and adults. In children, feeding refusal or intolerance, GERD-like symptoms, emesis, abdominal pain, dysphagia, food impaction, chest pain, and diarrhea have been described \[1\]. In adults, intermittent dysphagia and food impaction are more common \[1\]. Transmural inflammation has been reported in eosinophilic esophagitis. It significantly increases the risk of perforation. Mucosal laceration and transmural perforation have been reported after endoscopy or dilation in eosinophilic esophagitis \[2, 3\].

Spontaneous esophageal perforation was recently reported in three adults, associated with eosinophilic esophagitis \[2-4\]. Until now, no reports of this unusual association and presentation have been reported in children, extending the clinical spectrum of eosinophilic esophagitis in this population.

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### References


### Bibliography

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