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Summary

A CLINICAL CASE OF ACHALASIA-LIKE LYMPHOCYTIC ESOPHAGITIS

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Oesophagus

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A 66-year-old woman initially diagnosed with type 2 achalasia unresponsive to endoscopic dilatation was ultimately diagnosed with lymphocytic esophagitis based on esophageal biopsies showing numerous intraepithelial CD3-positive T lymphocytes and improved with topical budesonide therapy.

KEY POINTS

- The patient presented with daily dysphagia for 5 years, 8 kg weight loss, daily regurgitation, and occasional chest pain with an Eckardt score of 7/12.
- Initial barium swallow showed normal transit through the esophageal-gastric junction and upper endoscopy was normal, leading to a diagnosis of type 2 achalasia.
- Repeat investigations before planned POEM revealed esophageal biopsies with numerous intraepithelial CD3-positive T lymphocytes (>200/HPF) predominantly in the lower-middle epithelial compartment, raising suspicion for lymphocytic esophagitis.
- Treatment with topical galenic budesonide 2 mg daily resulted in symptomatic improvement after two months.
- The authors suggest that upper GI endoscopy with esophageal biopsies should be performed to exclude eosinophilic and non-eosinophilic esophagitis in patients with esophageal dysfunction symptoms, as lymphocytic esophagitis can present with dysmotility-like features.

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