

UNEXPECTED CAUSE OF ESOPHAGEAL DYSPHAGIA

María del Mar Díaz Alcázar

UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A 50-year-old woman with severe progressive dysphagia was diagnosed with erosive esophageal lichen planus causing two esophageal strictures and treated with systemic corticosteroids, acitretin, and methotrexate with clinical improvement.

KEY POINTS

- The patient presented with seven months of progressive dysphagia to solids, tolerating only liquids in the last week, along with retrosternal knotting sensation, regurgitations, weight loss, and oral mucosal plaques.
- Gastroscopy revealed a punctiform stenosis at 18 cm from the dental arch with erythematous mucosa and fibrinous exudate; barium esophagogram showed two strictures (one short proximal, one 7 cm distal).
- Histology showed Civatte bodies compatible with erosive lichen planus; biopsies were negative for microbiology.
- Endoscopic dilatation was considered high-risk; treatment with systemic corticosteroids and oral acitretin was initiated jointly with Dermatology and Systemic Diseases, followed by methotrexate.
- The patient showed clinical improvement with adequate tolerance to liquid-shredded diet and improved gastroscopic findings; symptomatic esophageal lichen planus involvement is noted as exceptional.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflifx.eu/search/d/69688d96-743c-11ee-9465-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.