A complication following a biopsy sample in eosinophilic esophagitis

Key words: Eosinophilic esophagitis. Perforation.


Dear Editor,

We present a case of a young 16 year old patient that had an esophageal perforation in the context of eosinophilic esophagitis. The esophagus showed vertical lacerations and mucosal thickness on endoscopy, thus a biopsy was performed in the proximal section which resulted in profuse bleeding due to a deep mucosal tear. A subsequent computed tomography scan revealed a perforation. Due to the absence of symptoms the patient was managed conservatively. The patient was discharged within 48 hours after admission. The histopathology analysis showed a massive eosinophilic infiltration of the mucosa that verified the clinical suspicion.

Discussion

The fragility of the esophageal wall due to the inflammation in immunoallergic esophagitis increases the risk of perforation, not only in therapeutic procedures but also during biopsy and endoscopy (1).

There are only two reported cases similar to this one (2), where the patient was managed conservatively and the mucosal tear self-sealed.

There is no consensus with regard to the ideal treatment in esophageal perforation (4). Therefore, we chose a surgical closure or esophagectomy procedure with a satisfactory outcome.

Conservative management is the most logical approach with the clear intention to avoid aggressive surgery. The fact that esophageal tissues are very fragile with an inherent risk of complications should be taken into account. Therefore, all necessary precautions should be taken in both diagnostic and therapeutic procedures.

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References