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Transnasal endoscopy in a patient with cicatricial pemphigoid

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CASE REPORT

A 32-year-old male referring asthmatic bronchitis, corticoid-associated cicatricial pemphigoid, osteoporosis secondary to the use of corticoids and steroid cataracts, is sent to our Unit due to persistent oropharyngeal dysphagia. Conventional endoscopy is programmed in two different days and, subsequent to the failure of the procedure, oral approach is carried out in a vain attempt with a 5.9 mm endoscope. Transnasal route is then considered (Fig. 1), resulting successful as multiple ulcerous lesions and fibrous portions of the hypopharynx can be observed, which are hardly overcome. No other lesions were observed along the esophagic or gastric mucosa as well as the second duodenal portion. A posterior pharynx biopsy revealed the presence of subepidermal split, vesiculobullous mucosa with subepitelial hemorrhage and granulation tissue in the submucous (Fig. 2).

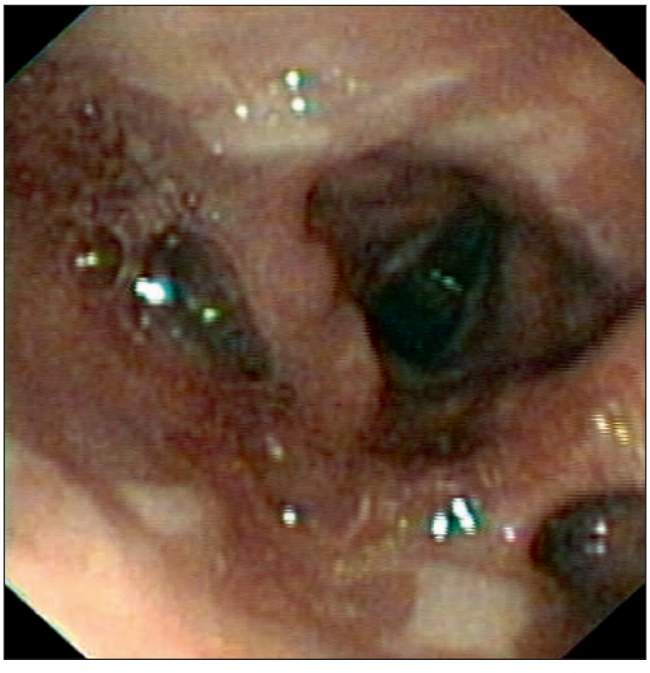

Fig. 1. Transnasal endoscopy: multiple ulcerous lesions are observed in the hypopharynx, and fibrous portions on the anterior side of the epiglottis as others that make difficult the entrance through Killian's area.

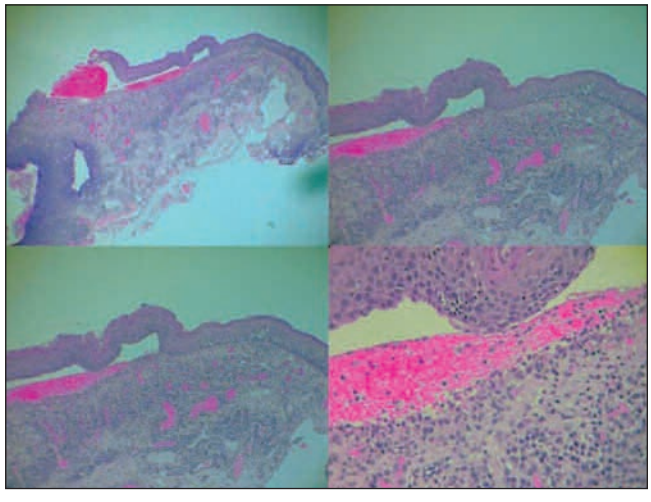

Fig. 2. Subepidermal split with vesiculobullous mucosa. Subepitelial hemorrhage and granulation tissue in the submucous with neutrophilic infiltrate were present. Hematoxilin and eosin.

DISCUSSION

Cicatricial pemphigoid is a benign, autoimmune, chronic inflammatory disease, characterised by a slow and progressive evolution with spontaneous exacerbation outbreaks and remission periods. It is mainly observed in the oral cavity, affecting the superficial mucosa. When dysphagia is observed, it is due to a secondary involvement of the hypopharynx because of ulcerations which may also produce fibrous portions in the upper tract of the esophagus, leading to persistent dysphagia (1). Although present in only 5% of the cases, esophagus-gastric affection should also be considered. It may

also affect the conjunctiva, larynx, genitals and skin (2). Narrow endoscopes (< 6 mm) were developed in the 90s, in order to decrease discomfort and costs derived from anesthesic procedures associated with the conventional method. Transnasal endoscopy has been used not only with a diagnostic purpose, but also therapeutic, describing several procedures such as PEG and feeding nasogastric tube implantation (3). It represents a safe technique for the upper digestive tract evaluation, with minimal adverse effects, therefore we consider it useful and safe in these patients (4,5).

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