Clinical and Endoscopic Characteristics of Drug-Induced Esophagitis

Departments of 1Internal Medicine, 2Pathology, Seoul National University Boramae Hospital, Seoul National University College of Medicine, Seoul, Korea

Su Hwan Kim, Seong-Joon Koh, Ji Bong Jeong, Ji Won Kim, Byeong Gwan Kim, Kook Lae Lee, Mee Soo Chang

Background/Aims: Drug-induced esophagitis is often not considered as a cause of chest symptoms. But this unawareness can lead to persistent exposure to causative drug and severe complications. And patients may suffer from unnecessary workup or extensive diagnostic evaluation. For accurate diagnosis, clinicians must be aware of clinical, endoscopic characteristics of drug-induced esophagitis. The purpose of this study is to investigate the clinical and endoscopic characteristics of drug-induced esophagitis. Methods: We reviewed the clinical, endoscopic and pathologic findings of patients diagnosed as drug-induced esophagitis from April 2002 to May 2012. Patients diagnosed as malignancy, viral or fungal esophagitis were excluded. Clinical, endoscopic and pathologic characteristics of those diagnosed as drug-induced esophagitis were analyzed. Results: 38 patients were diagnosed as drug-induced esophagitis after evaluation of clinical history, endoscopic findings and pathologic examination. Common symptoms were odynophagia (47.4%), chest pain (44.7%), dysphagia (39.5%), vomiting (7.9%). Endoscopic location of drug-induced esophagitis was mid-esophagus in 76.3%. Endoscopic findings were ulcers (57.9%), erosions (39.5%), ulcers with bleeding (18.4%), stricture (5.3%), coating with drug material (2.6%) and impacted pill fragments (2.6%). In 16 cases, kissing ulcers (ulcers facing each other) were observed. Causative agents were nonsteroidal anti-inflammatory drugs (NSAIDs) in 42.1%, antibiotics in 31.6%, anti-hypertensive drugs in 7.9%, bisphosphonates in 5.3%, vitamin C in 5.3% and other drugs in 10.5%. Patients were treated supportively with proton pump inhibitor (PPI) or sucralfate and causative drugs were discontinued. 13 patients had follow-up endoscopy and all revealed no abnormal finding in the esophagus except scar. Remaining 25 patients had no symptoms and didn’t undergo follow-up endoscopy. Conclusions: Drug-induced esophagitis mainly presented as ulcers or erosions in the mid-esophagus. A considerable portion presented as kissing ulcers. Main causative drugs were NSAIDs and antibiotics. Drug-induced esophagitis was successfully treated with PPI, sucralfate and discontinuation of causative drug.

Clinical outcomes of malignant melanoma in the upper gastrointestinal tract

Department of Gastroenterology, University of Ulsan College of Medicine, Asan Medical Center, Asan Digestive Disease Research Institute, Seoul, Korea

Ji Yong Ahn, Hwoon-Yong Jung, Ji Young Choi, Mi-Young Kim, Jeong Hoon Lee, Kwi-Sook Choi, Do Hoon Kim, Kee Don Choi, Ho June Song, Gin Hyug Lee, Jin-Ho Kim

Objectives Malignant melanoma that involves the upper gastrointestinal (GI) tract is rare and there are not enough studies about endoscopic and pathologic findings with clinical outcomes. We reviewed the gross and microscopic pattern with clinical outcomes of primary and metastatic malignant melanoma in the upper GI tract. Methods Seventeen cases with primary and metastatic malignant melanoma which were found at upper GI endoscopy at Asan Medical Center between August 1995 and October 2011 were analyzed retrospectively. Results Primary esophageal malignant melanoma was diagnosed in 7 cases and metastatic gastric and/or duodenal malignant melanoma was in 10 cases. Of total 17 cases, single nodule at the endoscopy was found in 2 cases, multiple nodules in 5 cases, protruding mass in 4 cases, ulcerating mass in 4 cases, and only pigmentation in 2 cases. Three cases were mixed type and 14 cases were epitheloid type on the pathologic review. Operations (Ivor Lewis and McKeown) were performed in 4 cases, chemotherapy and/or radiotherapy in 6, wedge resection with chemotherapy in 1 case, and conservative management in 6 cases. Of 4 surgical removed cases of primary esophageal malignant melanoma, two were recurred with distant metastasis after 6 and 7 months of surgery. Fifteen patients were died of disease progression; the median overall survival period was 12 months (interquartile range [IQR] 2.5-24.5 months) and the median survival period from diagnosis of upper GI tract melanoma was 5 months (IQR 1-9.5 months). All two living patients were treated by surgical removal of melanoma. Conclusions Malignant melanoma on GI tract is a highly aggressive disease with a poor prognosis, especially in metastatic cases. Careful inspection of the mucosa in endoscopic examination with biopsy and surgical resection for isolated melanoma may result in extending survival in selected patients.