Pseudomembranous colitis after eradication of Helicobacter pylori infection
Kosin University Gospel Hospital
Nam Kyu Kim, Mu In Park

Background: H.pylori does an important roles in many gastroduodenal diseases including asymptomatic gastritis, peptic ulceration, MALT lymphoma and gastric cancer. Triple therapy using PPI (standard dose), clarithromycin (0.5g bid) and amoxicillin (1 g bid) for 1 wk or 2 wks to standard primary therapy. After increasing of irradiicated patients who are infected H.pylori, using antibiotics will increase side-effected patients who have Pseudomembranos colitis. But surprisingly, this relationship was rarely reported on a study. We report a case of pseudomembranous colitis after eradication of Helicobacter pylori infection with a triple therapy. Case report: We reported on a 59 year old man, who received a one-week triple eradication therapy(Lansoprazole 30 mg bid, Clarithromycin 0.5g bid, Amoxicillin 1g bid) because of gastric ulcer. A few days after the eradication treatment, he developed fever and watery diarrhea and abdominal distention with pain. Stool specimens were sent for analysis and revealed Clostridium difficile toxin A, B (EIA). A sigmoidscopy was found yellow-white plaques (2-10 mm in diameter) so biopsy was done. It confirmed Pseudomembranous colitis. The patient got well rapidly through vancomycin and metronidazole po. medication for 2 wks. After 10 days from starting medication, diarrhea was going to disappear. After 2 wks, yellow-white plaques was totally gone out on follow-up sigmoidscopy. Discussion: Increasing of patient who treated H.pylori infection could make increasing of pseudomembranous colitis. But surprisingly, this relationship was rarely reported on a study. We don’t know the risk factor to develop this condition have not been clarified.

Esophageal Muscular Ring: Clinical Review of 9 Cases
Department of Internal Medicine, Catholic University of Daegu School of Medicine
Dae Young Yun, Joong Kwon, Ji-Min Han, Jin Tae Jung, Eun Young Kim, Ho Gak Kim

Lower esophageal muscular ring is uncommon but important cause of dysphagia. Endoscopically, a focal narrowing can be visualized proximal to the squamocolumnar junction. Distinguishing the muscular ring from achalasia and other causes of focal esophageal stenosis is important because of the differences in treatment and outcome. The aim of this study is to analyze clinical characteristics of lower esophageal muscular ring including upper gastrointestinal (UGI) endoscopy, esophageal manometry, treatment and outcome. Medical records of 9 cases of lower esophageal muscular ring diagnosed at Daegu Catholic University Hospital from 2002 to 2012 were reviewed and analyzed retrospectively. Nine patients comprised of 4 men and 5 women, with mean age of 57.9 years (range 43-72 years). The eight patients (88.9%) had symptoms consisting of chronic, intermittent dysphagia for both liquids and solids. UGI endoscopic examinations revealed a focal smooth concentric narrowing of variable luminal diameter located a few centimeters above the squamocolumnar junctions. Four cases showed resistance to passage of endoscope through the narrowing. Endoscopic ultrasound (EUS) was performed in 8 patients and focal thickening of inner circular muscle at the luminal narrowing (mean thickness: 5.2 ± 1.4 mm) was identified. Esophageal manometry was performed in 8 patients. Mean lower esophageal sphincter (LES) pressure was 35.8 ± 19.8 mmHg and 5 cases (62.5%) showed complete LES relaxation with swallowing. 7 cases (87.5%) showed well propagated esophageal body peristalsis and mean amplitude of distal esophageal contraction was 105.2 ± 46.5 mmHg. 6 cases were treated with calcium channel blocker and 4 cases had significant symptomatic improvement. In summary, we have presented a series of 9 cases of patients with lower esophageal muscular rings. Considering a possibility of a muscular ring in the distal esophagus, well propagated esophageal body peristalsis and EUS finding of focal thickened inner circular muscle may help differential diagnosis of focal esophageal stenosis.

Key Words: Dysphagia, Esophageal Stenosis, Muscular ring