

# Sloughing Esophagitis: An Atypical Cause of Food Impaction

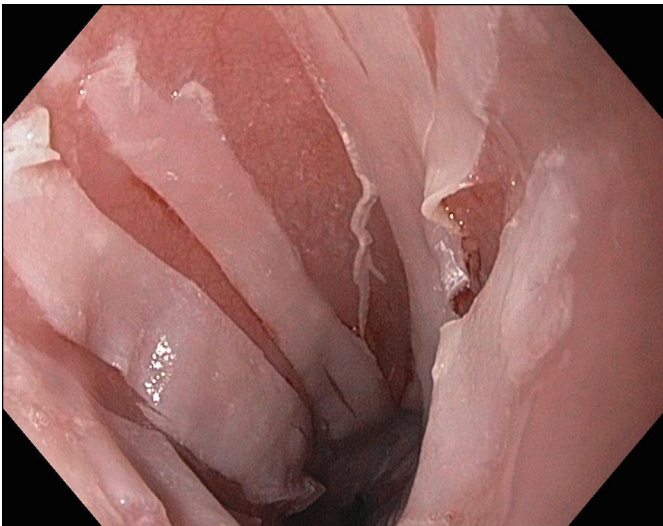
Saloni A. Shah<sup>1</sup>, Margaret Cho, MD<sup>2</sup>, Louis Chaptini, MD<sup>1</sup>, and Neil Parikh, MD<sup>1</sup>

<sup>1</sup>Division of Digestive Diseases, Yale School of Medicine, New Haven, CT

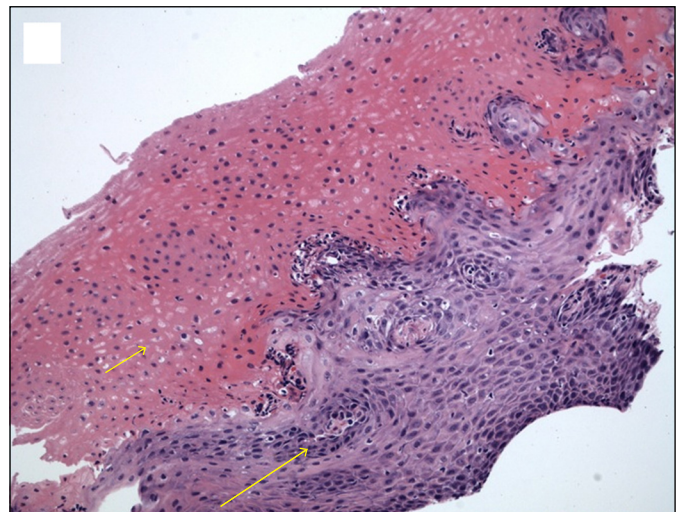
<sup>2</sup>Department of Anatomic Pathology, Yale School of Medicine, New Haven, CT

## CASE REPORT

A 68-year-old man presented for esophagogastroduodenoscopy with a food impaction. Prior to his food impaction, the patient reported rare heartburn symptoms but no history of regurgitation, dysphagia, nausea, or vomiting. After the food bolus was removed, sloughing esophagitis was seen extending the distal 15 cm of the esophagus to the gastroesophageal junction (Figure 1). Microscopic examination of the esophageal biopsy revealed a 2-toned mucosa with superficial parakeratotic squamous epithelium overlying a normal-appearing basal cell layer (Figure 2). In some areas, the superficial parakeratotic squamous epithelium was completely separated from the underlying basal cell layer with a focal band of edema, neutrophils, and bullae (Figure 3). No increase in the number of intraepithelial eosinophils was identified in the distal or mid esophagus. Sloughing esophagitis presenting with acute dysphagia and food impaction is rare.<sup>1</sup> Etiologies of sloughing esophagitis include hot beverages ingestion, autoimmune bullous dermatosis such as pemphigus vulgaris, and certain drugs that can injure the esophageal mucosa.<sup>2</sup> Contact injury rather than ischemic injury is said to cause sloughing esophagitis.<sup>3</sup> None of these risk factors were present in this patient. The patient was asymptomatic on follow-up after a brief course of proton pump inhibitor therapy. A repeat upper endoscopy was recommended, but the patient moved out of state.



**Figure 1.** Sloughing esophagitis seen extending the distal 15 cm of the esophagus to the gastroesophageal junction.



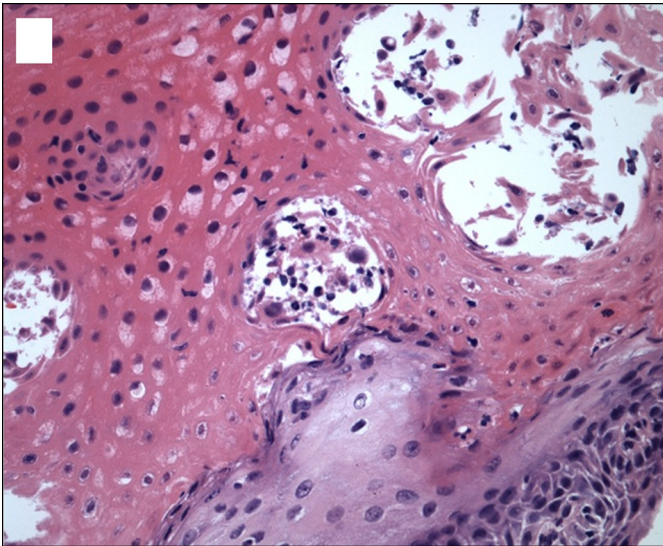
**Figure 2.** Microscopic examination of the esophageal biopsy revealed a 2-toned mucosa with superficial parakeratotic squamous epithelium (short arrow) overlying a normal-appearing basal cell layer (long arrow).

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Correspondence: Saloni Shah, Yale School of Medicine, Division of Digestive Diseases, 199 Whitney Ave, New Haven, CT 06511 (saloni.shah@yale.edu).



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**Figure 3.** Superficial parakeratotic squamous epithelium showed completely separated from the underlying basal cell layer with a focal band of edema, neutrophils, and bullae.

## DISCLOSURES

Author contributions: Saloni A. Shah wrote the manuscript. Margaret Cho, MD provided the pathology images. Louis Chaptini, MD provided the esophagogastroduodenoscopy images. Neil D. Parikh, MD wrote and edited the final manuscript. Saloni A. Shah is the article guarantor.

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Informed consent was obtained for this case report.

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