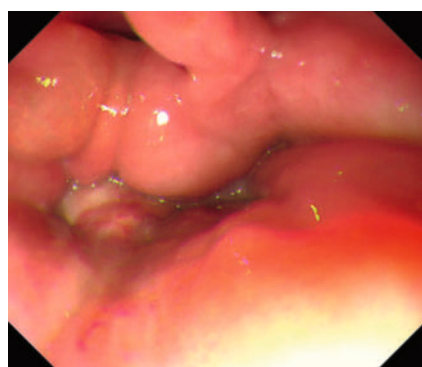


Dysphagia and thickened esophageal wall: the application of ultra-slim gastroscopes in the diagnosis and treatment of phlegmonous esophagitis

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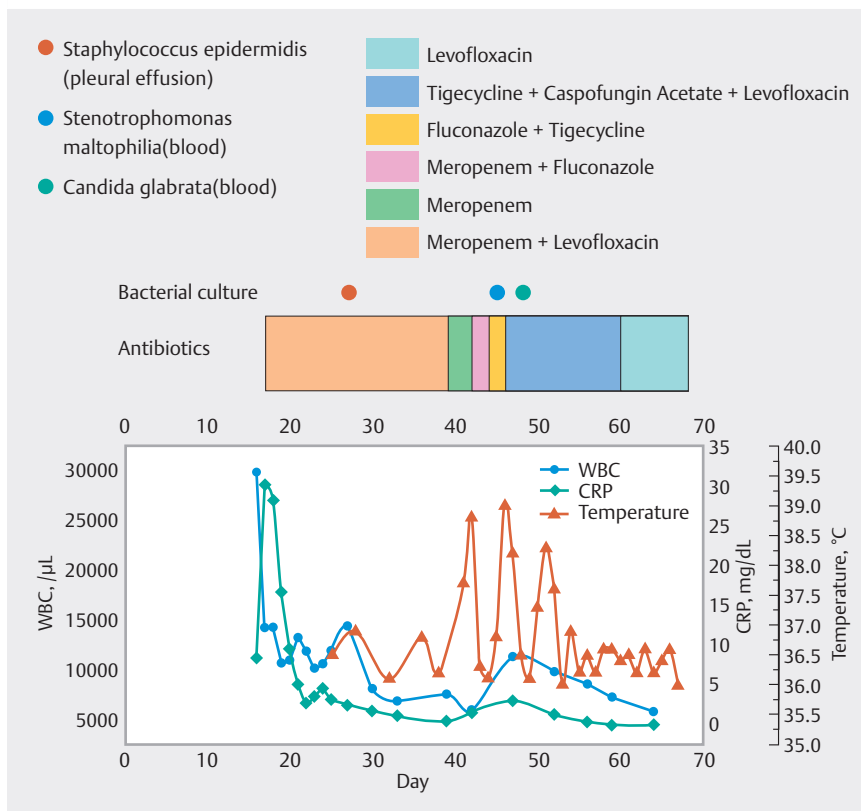


► **Fig. 1** Computed tomography of the chest showed a thickened wall of the entire esophagus and blurring of the peri-esophageal fat space.



► **Fig. 2** Standard gastroscopes could not be passed through the esophageal entrance because of significant pharyngeal stenosis and edema, and pus oozing was seen at the entrance of the esophagus.

A 61-year-old woman presented with persistent sore throat for 17 days and progressively worsening dysphagia for 13 days. Computed tomography (CT) of the chest showed a thickened wall of the entire esophagus and blurring of the peri-esophageal fat space (► **Fig. 1**). Standard gastroscopes could not be passed through the esophageal entrance because of significant pharyngeal stenosis and edema, and pus oozing was seen at the entrance of the esophagus (► **Fig. 2**). Pharyngeal infection was considered. After intravenous antibiotics (► **Fig. 3**), infection was controlled but dysphagia remained without any sign of



► **Fig. 3** Patient's bacterial culture results, history of antibiotic therapy, laboratory results, and temperature changes since the patient's presentation in the clinic.

relief. On day 50, an ultra-slim gastroscopes revealed three mucosal defects with a diameter of 4–10 mm in the esophagus 18–23 cm from the incisors. The endoscope was entered through the largest mucosal defect into the submucosal layer and white thin pus was found within several submucosal cavities, which formed after self-absorption of pus and indicated phlegmonous esophagitis (► **Video 1**). Enteral nutrition is performed through an endoscopic indwelling gastric tube. On day 55, chest CT showed a significant reduction of esophageal wall thickening (► **Fig. 4**). On day 63, repeat gastroscopy showed two of the three previous mucosal defects healed and one remained there with a size of 5 mm, which was closed by two metal clips. The patient then started eating orally and was

discharged on day 70. Phlegmonous esophagitis is rare and there is no standard treatment for phlegmonous esophagitis [1]. Available treatment options include infection control with antibiotics, endoscopic incision [2–5], or surgery (► **Fig. 5**). We report the first video of complete access into the abscess cavities of spontaneously ruptured phlegmonous esophagitis, which was achieved with a favorable therapeutic outcome by endoscopic placement of a gastric tube under direct visualization. We believe that gastric tube placement, rather than endoscopic incision or surgery, can result in good outcomes and enable early enteral nutrition in phlegmonous esophagitis with primary spontaneous rupture.

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► **Video 1** The application of ultra-slim gastroscope in the diagnosis and treatment of phlegmonous esophagitis.



► **Fig. 4** On day 55, computed tomography of the chest showed a significant reduction of esophageal wall thickening.

Conflict of Interest

The authors declare that they have no conflict of interest.

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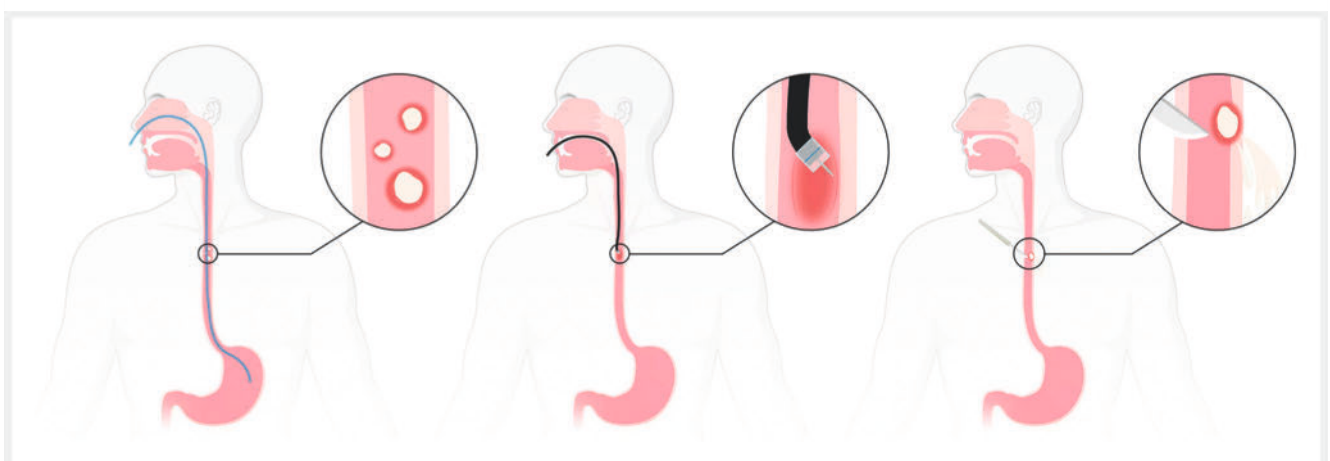
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► **Fig. 5** Available treatment options include infection control with antibiotics, endoscopic incision, or surgery. Created in BioRender. Li, G. (2025) <https://BioRender.com/t39f227>. [rerif].