

Graft-versus-host disease—Induced esophageal web

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A 16-year-old boy with a past medical history of aplastic anemia presented to our emergency department with a chief complaint of difficulty in swallowing that persisted for 2 hours after he ate a piece of fried chicken. He had been receiving immunosuppressive therapy for 3 years for skin and oral mucosal lesions due to graft-versus-host disease (GVHD) after undergoing allogeneic bone marrow transplantation (BMT) 6 years ago. His general appearance was normal, except that he was spitting saliva frequently. The patient was discharged because his vital signs, routine physical examination, routine blood test, and chest radiography results were completely normal. The next day, the patient also underwent computed tomography (CT) at the gastroenterology department of our hospital. The scan revealed an abnormal foreign body in the upper cervical esophagus. Endoscopy revealed solid food (chicken meat) impaction in the upper esophagus. On removal of the food particle, an esophageal web was observed (Figure 1) at the site. This web was diagnosed as a GVHD-induced esophageal web by the endoscopist because of the absence of other remarkable clinical findings for differential diagnosis described later, as well as the absence of endoscopic findings and pathological findings for the differential diagnosis. Esophageal webs are thin membranous constriction typically occurring in the cervical esophagus and are mostly asymptomatic.¹ It is established as a symptom of Plummer-Vinson syndrome. Other factors leading to esophageal webs include Zenker's diverticulum; dermatologic diseases, such as pemphigoid, epidermolysis bullosa, and pemphigus vulgaris; and immunologic disorders, such as GVHD.¹⁻⁴ A previous study reported that GVHD does not commonly affect the esophagus, but may sometimes present as esophageal ulcerations, desquamative esophagitis, and esophageal webs, as seen in this patient.²

The typical pathological findings are marked or scattered apoptosis, cryptitis, fibrosis, and increased lymphocyte/plasma cell infiltration. However, a GVHD-induced esophageal web is primarily diagnosed via clinical examination, because histological evidence is often lacking.^{3,4} In conclusion, if a clinician encounters a young patient with dysphagia who had previously undergone BMT, an esophageal web

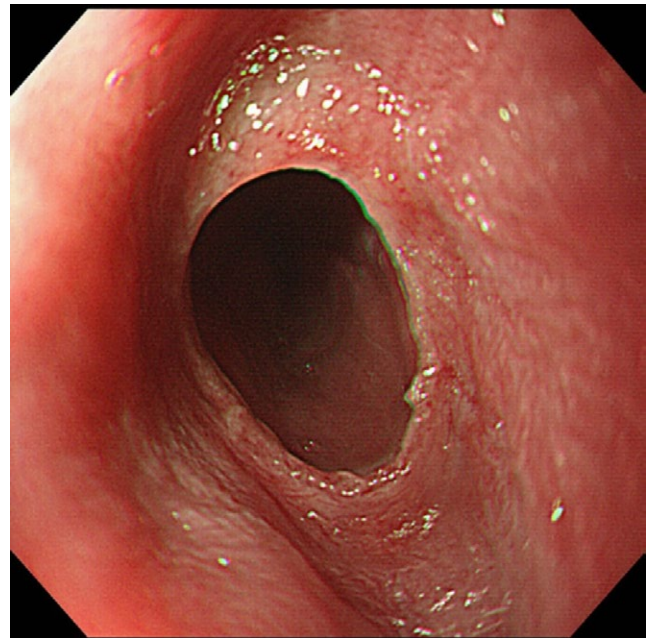


FIGURE 1 Esophageal web in the upper esophagus (thin membranous constriction)

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caused by chronic GVHD should be considered as a differential diagnosis.

PATIENT CONSENT

Consent was obtained from the patient prior to the submission of this case report.

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AUTHOR CONTRIBUTION

All authors had access to the information used, and all authors participated in the preparation of this manuscript.

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

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