

[PICTURES IN CLINICAL MEDICINE]

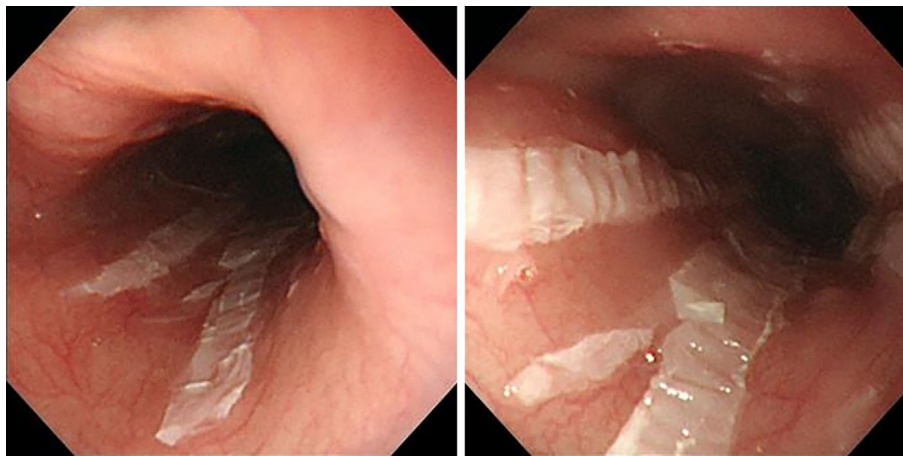
A Case of Desquamative Esophageal Lesions, Most Likely due to Celecoxib

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Key words: celecoxib, esophagitis

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Picture.

A 51-year-old man presented to the author's department with retrosternal discomfort. Esophagogastroduodenoscopy revealed longitudinal sloughing of mucosal casts in the mid and lower esophagus (Picture). *Candida* species were not detected by a microscopic examination. Although he had never taken dabigatran, the endoscopic findings were compatible with chemical esophagitis. Detailed inquiries confirmed that he had taken celecoxib (200 mg/day) due to gout for seven days without drinking sufficient water; thus, celecoxib therapy was discontinued, and rabeprazole (10 mg/day) was administered. The symptoms disappeared within a few days. One month later, follow-up endoscopy showed complete healing of the esophageal lesions.

Non-steroidal anti-inflammatory drugs are one of the most common causes of drug-induced esophagitis (1). Celecoxib, a highly selective cyclooxygenase-2 inhibitor, was developed to reduce gastrointestinal toxicity; however, cases of severe desquamative esophagitis have been reported in patients treated with celecoxib (2). The pathogenesis may include lo-

cal chemical effects caused by the absorption of the lipid-soluble drug by the esophageal mucosa, especially at low pH (2).

The author states that he has no Conflict of Interest (COI).

References

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