

[PICTURES IN CLINICAL MEDICINE]

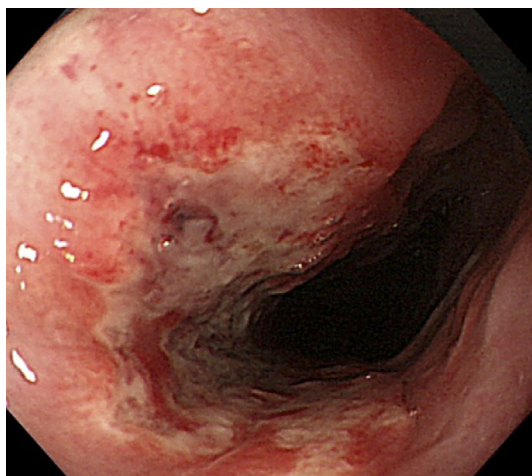
Dabigatran-induced Esophageal Ulcer at a Natural Constriction

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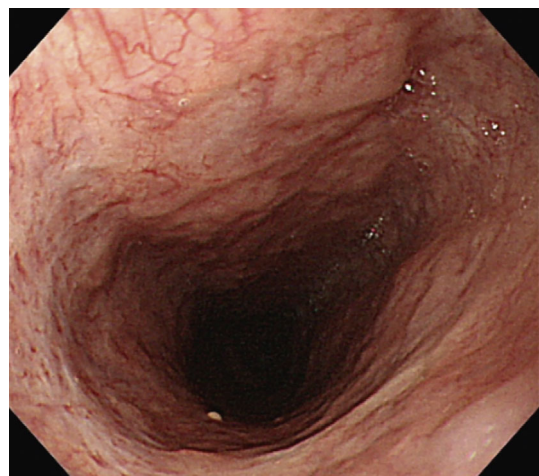
Key words: dabigatran, esophageal ulcer

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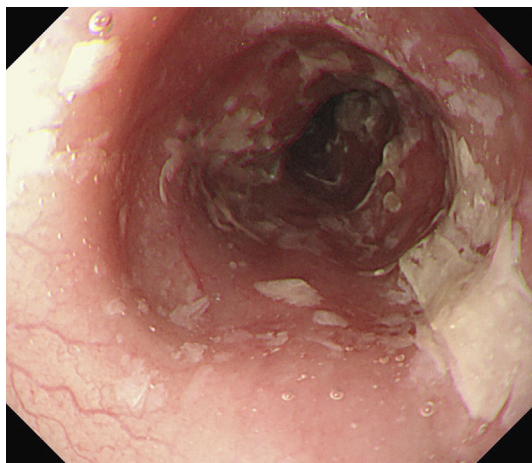
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Picture 1.



Picture 2.



Picture 3.

A 48-year-old man with atrial fibrillation who had been taking dabigatran for 12 months experienced chest discomfort. Esophagogastroduodenoscopy (EGD) revealed an ulcerative lesion in the thoracic esophagus that was compressed by the left bronchus, which healed spontaneously two months later. Five months thereafter, he felt throat discomfort. EGD revealed a semicircular ulcer at the esophageal orifice (Picture 1). The patient usually took dabigatran without water, which allowed the dabigatran to remain abnormally long in the natural constriction of the esophagus, as evidenced by progression of local mucosal injury. After we instructed the patient on proper dabigatran administration, the ulcer healed and has not relapsed for 12 months (Picture 2). Tartaric acid excipient in dabigatran possibly caused the mucosal injury. Characteristics of dabigatran-induced esophagitis are reported as longitudinally sloughing casts in the distal esophagus (Picture 3) (1, 2), but our patient's ulcer was located in the esophageal orifice. Clinicians

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need to instruct patients to take dabigatran with sufficient water in order to avoid ulcer recurrence.

The authors state that they have no Conflict of Interest (COI).

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induced by dabigatran. *Endoscopy* **44**: E23-E24, 2012.

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