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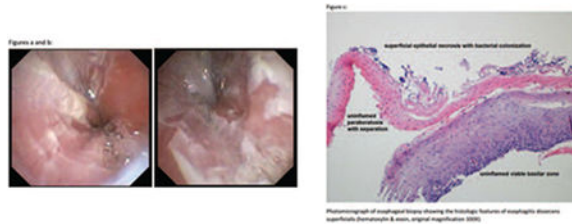
Esophagitis Dissecans Superficialis Diagnosed by Unsedated Transnasal Esophagoscopy

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A 20-year-old man with a complex psychiatric history on sertraline presented to the emergency department with 1 day of odynophagia, emesis, and sensation of esophageal impaction. Abnormal ingestion was denied. Review of systems and radiographic studies were negative. Unsedated transnasal esophagoscopy was performed. Mid and distal esophageal sloughing of vertical strips of the esophageal mucosa was noted (A–B). Hematoxylin and eosin staining findings were consistent with a diagnosis of esophagitis dissecans superficialis (EDS) (C). Fungal stain and culture and immunostains for herpes simplex virus and cytomegalovirus were negative. Patient was discharged on sucralfate and proton pump inhibitor for management of esophagitis and odynophagia.

EDS is a recently described, under-recognized, clinicopathologic diagnosis characterized by desquamation of the esophagus (1,2). An association between EDS and use of psychoactive medications has been described (1). Cases of EDS typically self-resolve and have not been associated with long-term complications. When endoscopic and histopathologic data are consistent with a diagnosis of EDS, further workup and pharmacologic therapies can

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Conflicts of interest:

Dr Friedlander is the president, chief medical officer, and co-founder of Triple Endoscopy, Inc. Dr Friedlander is listed as co-inventor on University of Colorado patents pending US 62/184,077, PCT/US2016/039352, AU201683112, CA 2,990,182, EU 16815420.1, JP 2017-566710, US 15/850,939, US 15/853,521, US15/887,438, and US 62/680,798 039352 related to endoscopic methods and technologies.

be minimized. Transnasal esophagoscopy in an acute care setting can be considered for evaluation and diagnosis of suspected esophageal disease.

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