

A rare case of oesophageal mucosal bridge

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Case presentation

A 76-year-old previously healthy male presenting with ascending paralysis was diagnosed with Guillain-Barre syndrome. Due to respiratory failure, he underwent tracheostomy and had nasojunal and nasogastric feeding tube placed fluoroscopically without immediately apparent complication. Esophagogastroduodenoscopy performed for abdominal pain demonstrated a mucosal bridge at 25 cm from the incisors (Figure 1).

Discussion

An oesophageal mucosal bridge is a smooth muscle that extends and connects across the lumen of the esophagus, rarely found through upper endoscopy.¹ It is described to be visualized as a “double lumen” on upper endoscopy due to the connecting smooth muscle, and can cause various symptoms including dysphagia and bleeding.¹ However, mucosal bridges are often asymptomatic in nature, which probably contributes

to underdiagnosis. The aetiology of this condition may either be congenital or acquired secondary to oesophageal trauma and inflammation.² One of the known causes of oesophageal mucosal bridge is nasoenteric tube insertion and use associated with oesophageal mucosal injury.³ As this condition is exceedingly rare, more studies and case reports are needed to understand the full scope of pathogenesis, aetiology, and effective treatment.

Author contributions

D.K. was involved in the drafting of the manuscript. M.W. was involved in study concept and design, and drafting the manuscript.

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Conflict of interest

None declared.

Data availability

There are no data associated with this manuscript.

References

1. Sunkara T, Then EO, Yarlagadda KS, Jhaveri M, Gaduputi V. An innocent esophageal mucosal bridge: case report and literature review. *J Invest Med High Impact Case Rep*. 2018;6:2324709618767204. <https://doi.org/10.1177/2324709618767204>
2. Linn S, Sunkara T, Tejada J, Gaduputi V. An innocent esophageal mucosa bridge: a very rare anomaly: 1602. *Am J Gastroenterol*. 2016;111:S751. Accessed December 5, 2023. https://journals.lww.com/ajg/fulltext/2016/10001/an_innocent_esophageal_mucosa_bridge__a_very_rare.1602.aspx.
3. Buchman AL, Waring JP. Mucosal bridge formation in the esophagus caused by injury from a nasoenteric feeding tube. *JPEN J Parenter Enteral Nutr*. 1994;18(3):278–279. <https://doi.org/10.1177/0148607194018003278>

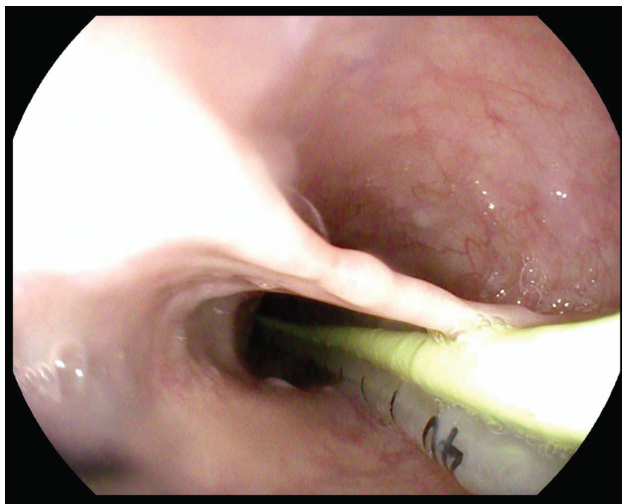


Figure 1: Endoscopic finding of esophageal mucosal bridge.