Gastroenterology-Endoscopy Quiz - Case 1

A Female patient 25 years old, was examined as an outpatient, suffering from retrosternal chest pain, since five days, aggravating with food intake. The pain was stabbing, continuous, becoming severe with any attempt of swallowing, radiating to the back. There was no heartburn, no dysphagia, no dyspnea, no loss of appetite, although the intake of solid food was totally stopped due to odynophagia. The use of common analgesics (e.g. paracetamol) and hyoscine butylbromide (Buscopan®), did not affect the intensity or the characters of the pain. The patient had no family history. Her personal history is free, apart of considerable acne for which she was treated with tetracycline the last twenty days.

The physical examination had no abnormal findings, body temperature 36.7 °C, blood pressure 110/75 mmHg, and 67 pulses/min. A chest X-ray performed was normal. She was referred for a cardiological consultation that revealed no abnormal findings. At this point she should be evaluated with an upper gastrointestinal endoscopy, but the patient denied. She was advised to stop the antimicrobial treatment with tetracycline and she was treated with proton pump inhibitors 20mg bid. After four days of treatment, the partial only remis-

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level of 30 cm from the incisor teeth with no concomitant anatomic esophageal abnormalities and no other significant findings from the rest of upper gastrointestinal tract. Biopsies were taken and histological examination showed nonspecific inflammatory changes.

Diagnosis: Pill esophagitis induced by tetracycline treatment.