

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

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.

ARCHIVES OF HELLENIC MEDICINE 2007, 24(4):400
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2007, 24(4):400

P. Bobotsi,¹
D. Psilopoulos,²
V. Papamichail²

¹First Department of Internal Medicine,
National and Kapodistrian University
of Athens, "Laikon" Hospital, Goudi,
²Athinaiki Clinic, Athens Greece

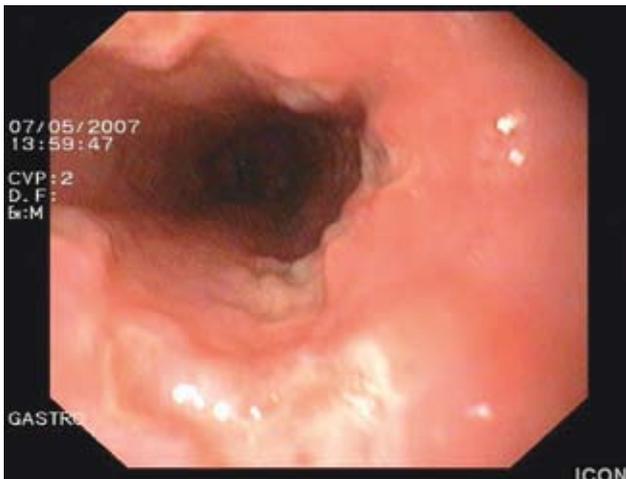


Figure 1.



Figure 2.

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 remission of her symptoms alarmed the patient and convinced her to accept the gastroscopy. This examination revealed large and deep ulcerations of the esophagus (Figures 1, 2) at the

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.

Corresponding author:

P. Bobotsi, First Department of Internal Medicine, National and Kapodistrian University of Athens, "Laikon" Hospital, Goudi, Athens 11527, Greece
e-mail: nbobotsi@freemail.gr

Diagnosis: Pill esophagitis induced by tetracycline treatment.
