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Case Presentation *Volume: 1, Issue: 1* *Scientific Knowledge*

Mid-Esophageal Stenosis in a Child

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1. Abstract

A rare case of ectopic gastric and colonic mucosa to the middle of esophagus leads to ulceration then to localized perforation so sever adhesions to the vertebra (T4-5-6) and stenosis.

2. Introduction

Heterotopic gastric mucosa of the esophagus (HGMPE), is an island of ectopic gastric mucosa that is found in the proximal esophagus. Rarely, they can also be found in the other part of the esophagus. HGMPE is widely considered to be congenital in nature. However, it has also been proposed to be an acquired condition [1].

3. Case Presentation

The Patient was a child 5 years old has progressive dysphagia since birthday, no other complained. His examination was within normal limits.

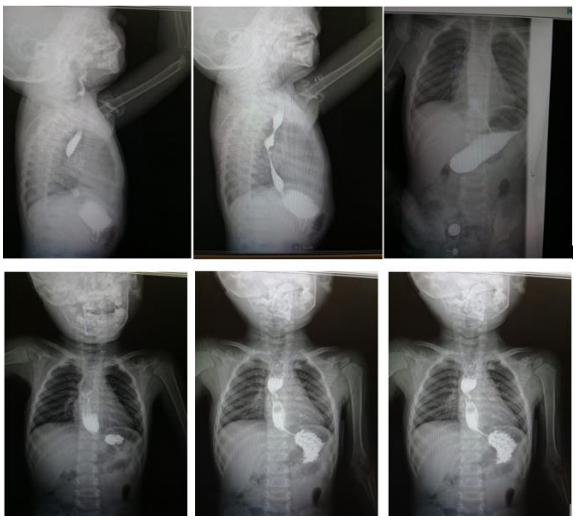

Figure 1: UGI Contrast study revealed Mid-esophageal stenosis.

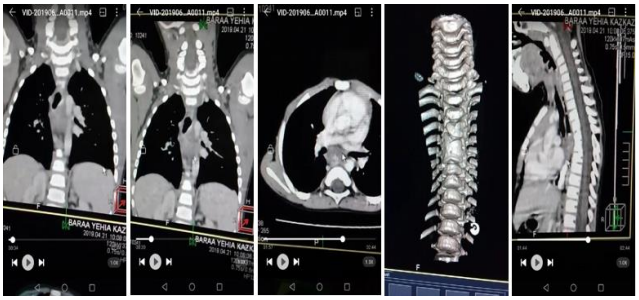

Figure 2: Chest Ct scan with contrast meal revealed deformity in T4, T5, T6 and mass like between mid-esophagus and the deformed vertebras.

Thoracotomy was done trans fourth intercostal space and the esophagus isolated up and down the lesion then it dissected form the sever adhesion with vertebras by sharp dissection.

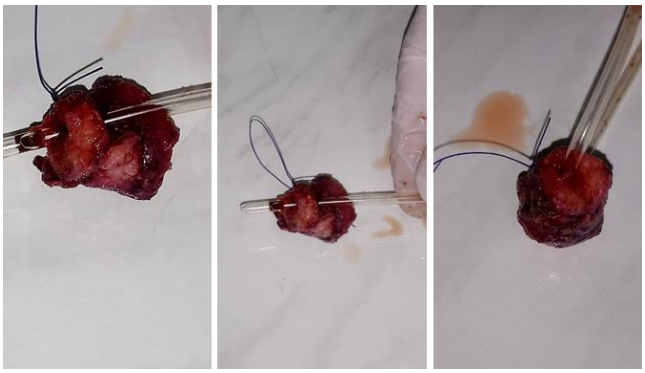

Figure 3: The stenosis was about 2 cm with perforation in the posterior surface and a primary anastomosis to the esophagus was done with (Interrupted 3/0 vicryle) then a pleural flab from adjacent chest wall was prepared and wrapped about the anastomosis chest tube inserted.

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Patient went well without any complications.

At third day methylene blue test has done, no leak and the patient started to drink water. At fifth day chest tube removed and the patient discharged.

Figure 4: Follow up for six month no dysphagia.

4. Literature Review

Barrett's esophagus is widely recognized as a condition acquired due to chronic gastroesophageal reflux disease (GERD). Whether there exist congenital cases remains controversial. Most evidence, however, refutes a congenital etiology. Hassal has published refutation of this evidence and a summary of his work is herein presented.

The early reported cases of Barrett's esophagus in infants and children were based upon demonstration of columnar epithelium in a few biopsies (often only one) that did not document the presence of specialized, meta-plastic epithelium, which is currently considered essential for the diagnosis of Barrett's esophagus. Borrie and Goldwater proposed a bimodal distribution for Barrett's esophagus, in which cases less than 10 years of age were considered congenital and cases older than 10 years considered acquired. They did not, however, show evidence of such a distribution. In fact, relatively few cases of histologically proven Barrett's esophagus have been reported in children.

No convincing evidence exists of congenital Barrett's esophagus in newborns or infants. The youngest patient with documented Barrett's esophagus was 5 years of age at the time of diagnosis. Claims of Barrett's esophagus in patients younger than this are not supported by histologic evidence and no autopsy study of neonates or still borns has ever yielded a case of histologically confirmed Barrett's esophagus. One report of a newborn autopsy demonstrated a completely columnar-lined esophagus, but the presence of specialized epithelium was not documented and it likely represented fetal columnar epithelium that had not yet undergone the normal transition to squamous epithelium. A case of a 14-month old with a bleeding distal esophageal ulcer with columnar epithelium at the margins and surrounding squamous epithelium was reported to be Barrett's esophagus, but specialized epithelium was not demonstrated, suggesting gastric heterotopia as a cause.

Notably, all children with well documented Barrett's esophagus have also shown evidence of severe GERD. This suggests that the congenital defect in children with Barrett's esophagus is not the abnormal epithelium, but rather, the tendency to develop GERD [2].

5. Conclusion

Serious and significant complications of HGMPE have been reported in both adults and the pediatric population.

References

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2. JM Streitz (Duluth). Are there grounds to support a congenital origin for Barrett's esophagus? Etiology and origins of Barrett's epithelium.

Barrett's Esophagus.

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