

The Cowl Does Not Make the Monk

O Hábito Não Faz o Monge

Catarina Castelo Branco¹*, Rui Gaspar², Guilherme Macedo²

*Corresponding Author/Autor Correspondente:

Catarina Castelo Branco [catarinamcbranco@gmail.com]

Department of Internal Medicine, Centro Hospitalar e Universitário do Porto, Porto, Portugal

10.48687/ljs.v3i1.92

Keywords: Endoscopy, Digestive System; Esophageal Neoplasms; Esophagus; Metaplasia

Palavras-chave: Endoscopia do Sistema Digestivo; Esófago; Metaplasia; Neoplasias Esofágicas

Image

A 74-year-old woman with rheumatoid arthritis under methotrexate 12.5 mg per week and prednisolone 5 mg/day presented to upper endoscopy due to 2-month history of heavy heartburn and dysphagia. She was hemodynamically stable and had no other complaints. She had undergone a previous upper endoscopy with white plaques and biopsies taken were compatible with *Candida* infection (Fig. 1). She took fluconazole for 14 days and decided to repeat the exam for reevaluation.

The new upper endoscopy showed a prominent white plaque with 6 cm long and strictly adherent to the mucosa of the esophagus as well as some linear furrows in the medium and distal esophagus, as also seen in NBI (Figs 2 and 3). Biopsies revealed marked hyperkeratosis, epithelial hyperplasia and an acanthotic midzone, compatible with esophageal epidermoid metaplasia. No specimens of *Candida* were seen.

Esophageal epidermoid metaplasia is a rare entity, more common in females and in elderly. It is usually associated with history of tobacco or alcohol use and the majority of patients presents with dysphagia.¹⁻⁴ The lesions are more commonly found in the middle-to-distal esophagus and histologically presents with marked hyperkeratosis and prominent granular cell layer. Patients should start active surveillance upper endoscopy due risk of esophageal dysplasia.¹⁻⁴

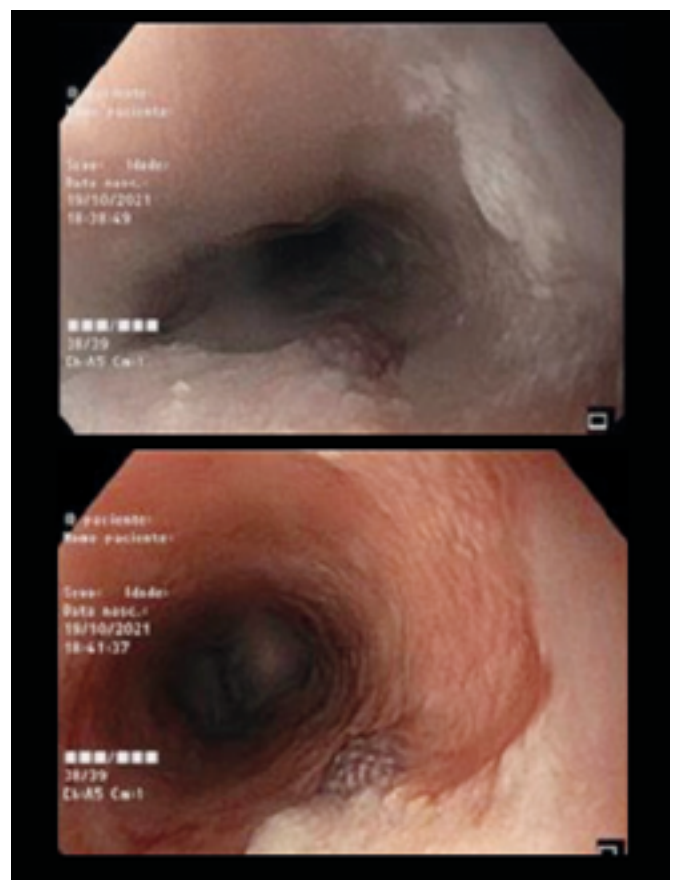


Figure 1. White exsudates and slight plaque in medium esophagus.

1. Department of Internal Medicine, Centro Hospitalar e Universitário do Porto, Porto, Portugal. **2.** Department of Gastroenterology, Centro Hospitalar São João, Porto Medical School, University of Porto, Porto, Portugal.

Received/Recebido: 14/01/2022 - **Accepted/Aceite:** 08/03/2022 - **Published online/Publicado online:** 31/03/2022 - **Published/Publicado:** 31/03/2022

© Author(s) (or their employer(s)) and Lusíadas Scientific Journal 2022. Re-use permitted under CC BY-NC. No commercial re-use. © Autor(es) (ou seu(s) empregador(es)) e Lusíadas Scientific Journal 2022. Reutilização permitida de acordo com CC BY-NC. Nenhuma reutilização comercial.

Our case occurred in a patient without alcohol and tobacco intake but under immunosuppressive therapy and with *Candida* infection in the first upper endoscopy, which were not previously described as possible risk factors for esophageal epidermoid metaplasia. The follow-up will be very important as her medication could even more increase the well-known risk for esophageal dysplasia.

Contributorship Statement/Declaração de Contribuição

All authors are responsible for review and writing of this article.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.

Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.

Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.

Consentimento: Consentimento do doente para publicação obtido.

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.

Financing Support: This work has not received any contribution, grant or scholarship.

Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Patient Consent: Consent for publication was obtained.

Provenance and Peer Review: Not commissioned; externally peer reviewed.

References

1. Kamboj AK, Graham RP, Murray JA. Epidermoid Metaplasia of the Esophagus. *Mayo Clin Proc.* 2020;95:1796. doi: 10.1016/j.mayocp.2020.04.041.
2. Singhi AD, Arnold CA, Crowder CD, Lam-Himlin DM, Voltaggio L, Montgomery EA. Esophageal leukoplakia or epidermoid metaplasia: a clinicopathological study of 18 patients. *Mod Pathol.* 2014;27:38-43. doi: 10.1038/modpathol.2013.100.
3. Gosnell HL, Mercure KB, Grider DJ. Esophageal Epidermoid Metaplasia: Skin in the Game. *Clin Gastroenterol Hepatol.* 2021;19:e46. doi: 10.1016/j.cgh.2020.03.008.
4. Kamboj AK, Gibbens YY, Hagen CE, Wang KK, Iyer PG, Katzka DA. Esophageal Epidermoid Metaplasia: Clinical Characteristics and Risk of Esophageal Squamous Neoplasia. *Am J Gastroenterol.* 2021;116:1533-6. doi: 10.14309/ajg.0000000000001225.



Figure 2. Linear furrows in NBI image.

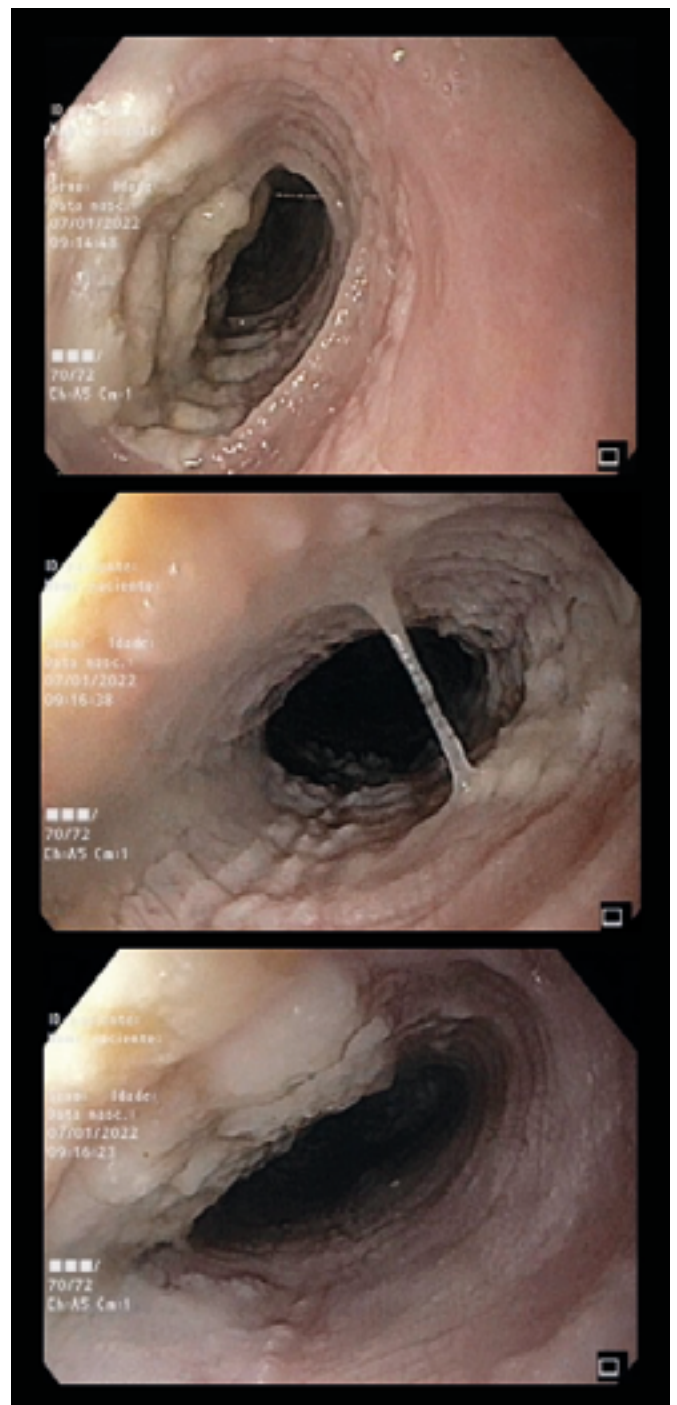


Figure 3. Adherent white plaque in medium esophagus.