

POSTER ABSTRACTS

Esophageal Abscess: A Rare Condition Mimicking a Subepithelial Lesion

Mehmet Bektaş¹, Koray Ceyhan², Atilla Tan³, Orhan Tarçın⁴, Fatih Karataş¹,
Aysun Çalışkan¹, Cihan Yurtaydın¹

¹Ankara University School of Medicine Division of Gastroenterology, Ankara, Turkey

²Ankara University School of Medicine Division of Cytopathology, Ankara, Turkey

³Koc University, School of Medicine Division of Gastroenterology, Istanbul, Turkey

⁴Yeditepe University, School of Medicine Division of Gastroenterology, Istanbul, Turkey

Introduction: The endoscopic frequency of a subepithelial lesion is 1/300. Approximately, 10% of submucosal lesions are located within the esophagus. Esophageal submucosal lesions can be classified as leiomyoma, granular cell tumor, duplication cyst, lipoma and varices. An abscess mimicking an esophageal submucosal lesion was not previously reported.

Case: A 38 year-old male patient had an upper endoscopy to evaluate sudden onset of odynophagia and throat pain. It revealed a 2 cm subepithelial lesion with a normal overlying esophageal mucosa, which was located 3 cm below the upper esophageal sphincter. Radial endoscopic ultrasound evaluation showed a 6 mm x 11.5 mm partially heterogeneous, hypoechoic, well-demarcated lesion likely originating from muscularis mucosa. Doppler evaluation was negative for vascularity, and no peri-esophageal lymph nodes noted. Elastographic evaluation revealed a dark blue color. EUS-FNA was performed with a 22 ga needle (2 passes). A soft consistency material was noted on the slide. Cytopathologic evaluation revealed active suppurative inflammatory findings consistent with abscess. A subsequent magnetic resonance imaging showed a 5 mm x 12 mm lesion at the proximal esophagus consistent with an abscess. The patient subsequently mentioned that his symptoms started after eating fish almost a week ago. It was thought that the abscess was possibly developed following a fish bone penetration to the proximal esophagus. The patient's odynophagia improved with two-week treatment with ciprofloxacin and metronidazole.

In conclusion, esophageal abscess should be kept in the differential diagnosis in patients with a history of sudden onset of odynophagia and a subepithelial lesion on endoscopy

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