ISSN: 2394-0026 (P)
ISSN: 2394-0034 (O)

Case Report

Incidental finding of esophageal inlet patch: A case report

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How to cite this article: Arundhathi S., Lakshmi K. S. Incidental finding of esophageal inlet patch: A case report. IAIM, 2015; 2(4): 153-155.

Available online at www.iaimjournal.com

Received on: 04-03-2015 **Accepted on:** 19-03-2015

Abstract

An esophageal inlet patch is a congenital anomaly composed of heterotropic gastric mucosa at or just distal to upper esophageal sphincter. Most often it is asymptomatic or presents as complications of acid secretion. The diagnosis is confirmed by endoscopy with biopsy. We have presented a case of 67 years old female who complained of nausea and decreased appetite. Endoscopy showed an elevated mucosal structure with superficial ulceration in the upper third of esophagus. Histopathology confirmed presence of ectopic gastric mucosa. We have presented this case as it is not diagnosed often and it is important to identify it as it helps the treatment and rarely has a malignant potential.

Key words

Inlet patch, Esophagus, Ectopic gastric mucosa.

Introduction

Heterotropic gastric mucosa of proximal esophagus referred to as cervical inlet patch is an island of ectopic gastric mucosa located in proximal esophagus [1]. It is a congenital anomaly found in 10% of population with careful inspection at endoscopy [2]. But most often it is overlooked by endoscopists and radiologists and reported prevalence ranges between 0.1 and 3% [3]. Histopathology provides a definitive diagnosis. We have presented our case because of its rare prevalence.

Case report

A 67 years old female presented with generalised weakness, nausea, decreased appetite and fever since two days. Clinical examination revealed epigastric tenderness. Complete blood count showed hemoglobin of 8.8 g/dl and total leukocyte count of 2900 cells/cmm, packed cell volume of 27.9% and other parameters were within normal limits. Endoscopy revealed elevated mucosal lesion with superficial ulceration in the upper third of esophagus **(Photo - 1)** and hyperemic streaks

ISSN: 2394-0026 (P)
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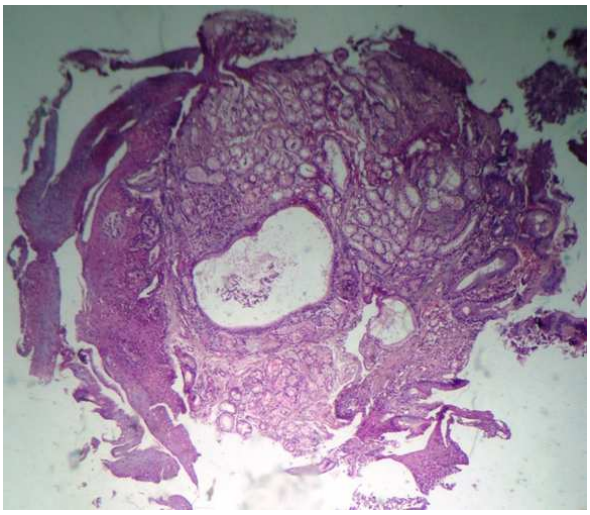
over the body and pylorus of stomach. Biopsy was done from the esophageal lesion and sent for histopathology. Histopathology revealed presence of ectopic gastric mucosa adjacent to normal esophageal mucosa. **(Photo - 2)** The gastric mucosa was of cardiac type. **(Photo - 3)**

Photo - 1: Endoscopy showing elevated mucosal lesion with superficial ulceration in upper third of esophagus.

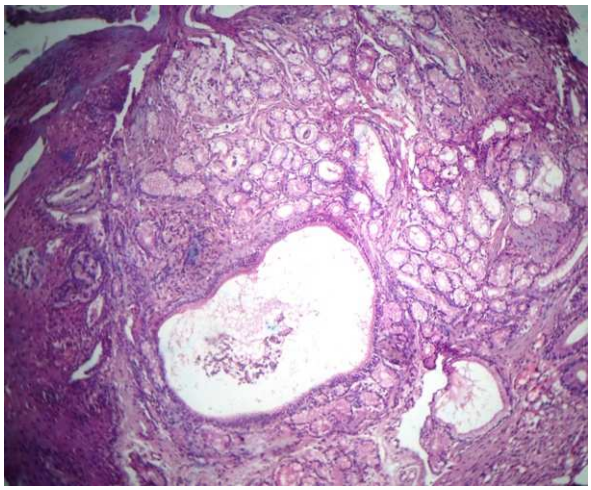
Photo - 2: Photomicrograph showing ectopic gastric mucosa adjacent to normal esophageal mucosa. (H & E stain, 10X)



Discussion

Heterotropic gastric mucosa (HGM) is ectopic gastric mucosa found anywhere in gastrointestinal tract, but most commonly found in esophagus [4]. HGM of proximal esophagus is referred to as cervical inlet patch [1]. Among the many theories proposed about pathogenesis, the most widely accepted theory is that it is congenital in origin [5]. It is found in 10% of population with careful inspection at endoscopy [2]. But most often it is overlooked by endoscopists and radiologists and reported prevalence ranges between 0.1 and 3% [3].

Photo - 3: Photomicrograph showing cardiac type of gastric mucosa. (H & E stain, 40X)



Most often patients of inlet patch are asymptomatic and it is an incidental finding. If symptomatic they present with symptoms related to acid secretion. Rarely, they can also present with manifestations of neoplastic changes [5]. It is suspected on barium swallow which shows characteristic two small indentations on the wall of esophagus [6]. It is confirmed by endoscopy with biopsy. But it is often missed on endoscopy as proximal esophagus is briefly examined routinely which is the reason for it's under reporting [1]. Endoscopically, they appear as salmon colored velvety patches or as raised nodules, distinct from normal esophageal mucosa [7].

ISSN: 2394-0026 (P)
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Histopathology provides definitive diagnosis by demonstrating gastric mucosa adjacent to normal esophageal mucosa [3]. Oxyntic mucosa constituted most common histologic type, followed by cardiac mucosa [8]. Malignant changes are known to occur even though rare and constitute 0 to 1.56% [9].

Conclusion

Reported prevalence of inlet patch ranged between 0.1 and 3%. It is important to identify this lesion for treatment of patient, as early intervention can reduce complications and neoplastic change known to occur with this entity. We presented this case in order to emphasize the importance of inlet patch as an incidental finding and also significance of careful observation of proximal esophagus by endoscopists as it is most often goes unnoticed by them.

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Source of support: Nil **Conflict of interest:** None declared.