

Image of the Month

Esophageal dilation in eosinophilic esophagitis using a novel endoscopic device

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A 24-year-old male presented with high-grade dysphagia with severe dietary restrictions up to mostly liquid food intake. Past medical history included esophageal bolus impactions treated elsewhere. Upper endoscopy revealed edema with a lack of vascular pattern and “trachealization” of the esophagus with multi-segmental rings precluding scope advancement. In addition, there were minor exsudates and superficial linear furrows in total resulting in a preliminary endoscopic reference score (EREFS) of 7 points (Fig. 1A). Given the severity in dysphagia and failed gastric scope passage, we performed a (diagnostic and therapeutic) dilation using a novel endoscopy device called “BougieCap”. The BougieCap (Ovesco Endoscopy, Tübingen, Germany) has been devised for esophageal bougienage under direct endoscopic vision with or without a guidewire [1]. Fig. 1B illustrates the BougieCap as a dome-shaped transparent cap being mounted onto the scope tip and fixed by adhesive tape. While passage of the trachealized esophageal segment proved easy to achieve with only minor lacerations, a full-blown longer-segment stricture appeared in the distal esophagus with visible mucosal tearing during device advancement, resulting in an EREFS score of 8. (Fig. 1C) After pathological confirmation of active eosinophilic esophagitis (maximum eosinophils 51/high power field), the patient was subsequently treated successfully as per clinical presentation, endoscopy (EREFS score 2) and histology (eosinophilic count < 15/hpf) with an oro-dispersible 1 mg budesonide tablet bid recently marketed in Europe.

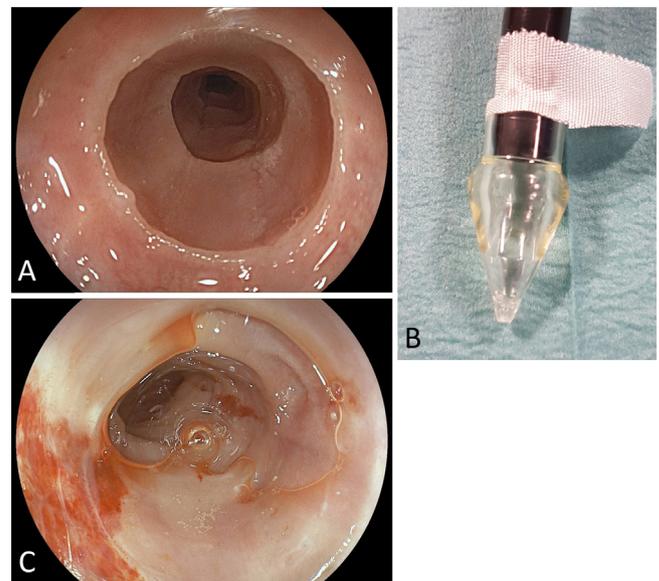


Fig. 1. A Endoscopic view of the esophagus revealing edema with minor exsudates, linear furrows and multisegmental stricturing resulting a “trachealization”. B Ex vivo demonstration of a BougieCap attached to the tip of the scope. C Esophageal dilation by the BougieCap under direct endoscopic control with visible superficial tearing at 8 o'clock.

Potential conflict of interest

None declared.

Reference

- [1] Zimmer V. Bougie cap esophageal passage: a novel potential tool for calibration of lumen diameter in eosinophilic esophagitis? *Gastrointest Endosc* 2018;88:568–9.

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