A Case of Esophagitis Dissecans Superficialis in a Pediatric Patient With Crohn’s Disease During Treatment With Infliximab
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CASE: Esophagitis Dissecans Superficialis (EDS) is a rarely reported condition in pediatrics and has never been reported in patients on anti-TNFx therapy before or in patients with Crohn’s disease. Additionally, there are limited documented cases of EDS occurring in the pediatric population. It is characterized by the superficial erosion of the underlying mucosa in the middle or distal esophagus. Patients are often asymptomatic, but may present with dysphagia, odynophagia, nausea, reflux, and/or regurgitation of esophageal casts. Diagnosis is made during esophageal endoscopy by the presence of sloughed esophageal mucosa greater than 2 cm in length, normal underlying esophageal muscle, and lack of ulcerations or fraying of immediately adjacent esophageal mucosa. Biopsied tissue typically reveals intrathelial spilling above the basal layer, non-specific findings of parakeratosis, basal cell hyperplasia, occasional bullae, and minimal to no inflammatory changes. Bacterial or fungal colonization on necrotic tissue has also been documented. Little is known regarding the pathogenesis linked to the condition, however current literature including case reports and case series suggest a strong link with immunocompromised patients, general debility, use of five or more medications, use of certain medications (NSAIDs, bisphosphonates, SSRIs/SNRIs), and autoimmune disorders. This benign condition is often self-limited and most symptomatic cases are idiopathic or related to medications. The case we present follows a similar progression to that of other documented cases of EDS with symptoms beginning within 3 months of initiation of therapy or an increase in dose and resolving after discontinuation of the offending agent. Our case adds to the small body of literature linking HSP, a potentially dangerous condition, to infliximab.