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An Interesting Case of Eosinophilic Esophagitis
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INTRODUCTION: Eosinophilic esophagitis (EoE) is a chronic immune-mediated disease with eosinophilic predominant inflammation. Symptoms include dysphagia, food impaction, and chest pain. Diagnosis is made via biopsy, requiring more than 15 eosinophils per high-power field. First line therapy is proton pump inhibitors (PPIs) along with dietary modifications and topical glucocorticoid to reduce inflammation. Untreated EoE can lead to fibrosis and strictures, requiring endoscopic dilatation. Given the consequences, it is important to recognize EoE, identify uncommon cofactors, and manage inflammation. We present a case of rumination syndrome found on manometry in a patient with unresolved EoE.

CASE DESCRIPTION/METHODS: A 20-year-old male with Autism spectrum disorder, seasonal allergies, food allergies, asthma, and EoE presented for a second opinion for continued symptoms of dysphagia and post-prandial regurgitation to both solids and liquids along with a 10-pound weight loss while on a PPI 40 mg daily. He had been diagnosed with EoE with EGD and biopsies 2 years prior unresponsive to PPI. His PPI was advanced to 40 mg twice daily and he was started on a topical budesonide slurry. Because he continued to have significant symptoms an EGD was performed with high-resolution manometry catheter placement. EGD revealed mucosal changes consistent with EoE, confirmed via biopsy. Esophageal motility testing showed rumination pattern on multiple occasions during the post-prandial period. The patient was given a referral to behavioral health for rumination syndrome and his PPI and topical budesonide were continued.

DISCUSSION: This case illustrates rumination syndrome as a possible cofactor in the management of EoE. Rumination syndrome is a functional gastrointestinal disorder consisting of cyclic regurgitation and ingestion of food matter. High-resolution manometry is the preferred test to diagnose rumination syndrome. Historically, rumination syndrome is considered a rare disorder, with scant systemic research, thus it is often missed or misdiagnosed due to lack of awareness. To the best of our knowledge, only two case reports have described the presentation of rumination syndrome in the setting of EoE. In both cases, as well as in our case, EoE was found to be histologically refractory to standard management in the setting of ongoing rumination. We find this an important case that highlights rumination syndrome may be present in refractory EoE and manometry with rumination protocol should be considered in these patients.

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Black Esophagus (Acute Esophageal Necrosis) and Diabetes Mellitus: Is It Time to Reconsider Their Association?
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INTRODUCTION: As awareness for Acute Esophageal Necrosis syndrome increases, so does our ability to understand its associations and causations. It classically presents as a striking necrotic appearance of black mucosa preferentially affecting the distal esophagus and extending proximally to various degrees while stopping at the GEJ. Its etiology is multifactorial and related to tissue hypoperfusion, massive reflux of gastric contents, and compromised local mucosal barriers. Historically, diabetes mellitus was seen in nearly 36% of AEN cases, although its association with hyperglycemia has never been parsed out. We aim to present a case of diabetic

Figure 1. Presence of severe inflammation and necrotic appearance of the esophagus.

Figure 2. CT angiogram showing esophageal stent (triangle) and aberrant right subclavian artery (arrow) coursing posterior to the esophageal stent.
A 34-year-old female had called emergency services after experiencing coffee-ground emesis, abdominal pain, and pre-syncopal-like symptoms for 5 days. She was found hypotensive, tachycardic with a blood sugar over 400 mg/dL. She was an active smoker with a history of diabetes mellitus type 1 with her last hemoglobin A1c at 16.9%. On arrival to the ED, her labs revealed blood glucose greater than 1000 mg/dL, pH of 7.1, bicarbonate <10 mEq/L, anion gap over 30 mEq/L with acute kidney injury and cystitis. She was initiated on an insulin drip and antibiotics, made NPO, and IV isomeprazole was started. Esophagogastroduodenoscopy (EGD) revealed circumferential black appearing mucosa and a necrotic completion in the middle and distal segments (Figures 1–3). She was managed conservatively with antacid therapy. Enteral feeds were restarted shortly, and she was discharged home.

**DISCUSSION:** Despite growing literature revealing DKA as a common precipitant for black esophagus, a bonafide association to hyperglycemia has not been shown. A literature review across all reported cases revealed diabetes mellitus as its most common risk factor (39%). Blood glucose over 150 mg/dL was seen in 15% of all black esophagus cases, while 67% of all hyperglycemic patients had blood glucose levels over 350 mg/dL. Average hemoglobin A1c was 11.46%, and approximately 13% that met DKA criteria developed black esophagus. Cases of DKA reported unusually high glucose levels, with the highest recorded at 1294 mg/dL. The mortality amongst patients with black esophagus and hyperglycemia nears 19%, while patients that develop concomitant black esophagus and DKA, mortality is 15%.

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**Atypical Presentation of Esophageal Squamous Cell Carcinoma Mimicking Severe Diffuse Esophagitis**

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**INTRODUCTION:** Esophagitis is a well-known condition described as an inflammation of the esophagus. There are various etiologies, including infectious, noninfectious, GERD (gastroesophageal reflux disease) being the most common. It is a fairly common condition, 14% of the patients undergoing esophagogastroduodenoscopy (EGD) are found to have esophagitis. Typical GERD symptoms and heartburn being the most common features, dysphagia and odynophagia being less common. It has a male predominance and usually occurs in older individuals. Hiatal hernia is a commonly associated finding in about 79–88% of patients. The most common complications are stenosis, ulcers, and Barrett esophagitis, which can progress to adenocarcinoma. However the incidence and progression remains unknown, EEM has been associated with esophageal squamous cell carcinoma (SCC).

**CASE DESCRIPTION/METHODS:** A 61-year-old man presented to the gastroenterology clinic for dysphagia of 3 months duration to both solids and liquids. He had heartburn and weight loss of 15 pounds unintentionally. He had a prior history of hypertension. He also had a screening colonoscopy which was unremarkable except right sided diverticulosis and internal hemorrhoids. He was a current smoker but denied using alcohol except on social occasions or illicit drugs. He did not have a family history of gastrointestinal cancers. His physical examination and laboratory tests were unremarkable. He underwent EGD which revealed Grade D esophagitis in the entire esophagus and random biopsies were done of the 3 segments of esophagus. Histopathology revealed high grade dysplasia and carcinoma in situ. Patient underwent endoscopic ultrasound (EUS) of esophagus which revealed a focal lesion. EUS guided fine needle aspiration (FNA) showed SCC of the esophagus. Patient underwent chemotherapy and radiotherapy and continues to follow up.

**DISCUSSION:** Squamous cell carcinoma usually presents as a mass or a lesion seen endoscopically. However, it rarely presents as severe diffuse esophagitis seen on routine endoscopy. According to our observation, it would be reasonable for physicians to bear this unusual endoscopic presentation in mind and perform multiple random biopsies if encountered with such a case to rule out the possibility of any underlying malignancy.

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**A Case of Esophageal Epidermoid Metaplasia in a Patient With Recurrent Esophageal Strictures**

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**INTRODUCTION:** Epidermoid metaplasia of the esophagus (EEM) is a rare condition described in very few case reports, characterized by a dense granular layer and superficial hyperorthokeratosis in the squamous mucosa. The most common presenting symptom is dysphagia. Although its etiology and progression remains unknown, EEM has been associated with esophageal squamous cell carcinoma (SCC).

**CASE DESCRIPTION/METHODS:** A 63-year-old male with a medical history of HIV on ART, seizures, GERD, tobacco abuse with a 40 pack-year history presented emergently for dysphagia. He