IMAGE OF THE ISSUE

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A Rare Case of Esophageal Tubular Duplication

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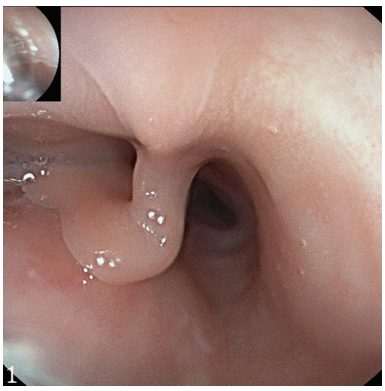

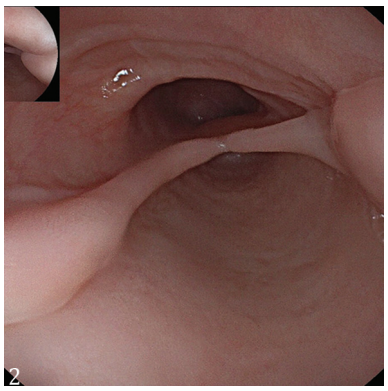

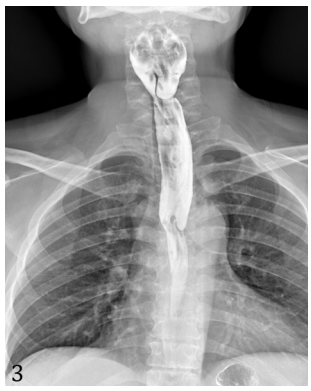

A 35-year-old man underwent an esophagogastroduodenoscopy as a pre-renal transplant evaluation. He reported odynophagia and dysphagia. A mucosal septum with a duplication of the esophageal lumen was observed approximately 24 cm from the dental incisors, and both lumens appeared to be passable in the absence of mucosal changes. This duplication extended for about 3 cm (Fig. 1). Approximately 34 cm from the dental incisors there was a further mucosal septum with a duplication of the esophageal lumen extending for approximately 5 cm (Fig. 2).

Next, a barium esophagogram was performed to confirm the morphology of the esophageal tubular evidenced the absence of bronchoesophageal fistulas. It has described the presence of septum or pseudo-septum in the cervical and middle esophagus with normal contrast transit (Fig. 3).

Gastrointestinal duplications occur in about 1/4,500 of cases, and about 20% are esophageal duplications [1]. There are three morphologies of esophageal duplication: cystic, tubular and diverticular. The most frequent is cystic duplication, while tubular and diverticular are extremely rare [2]. They are usually located at the level of the lower esophagus, while they are very rare at the cervical level [3]. They may be asymptomatic or present with location-related symptomatology such as respiratory symptoms secondary to airway compression, odinophagia, heartburn, dysphagia, or hematemesis related to inflammation of ectopic gastric tissue [1]. A minimal risk of malignant degeneration has been described [4] so endoscopic follow-up can be recommended, and surgical intervention may also be considered. Recently, Familiari et al. [5] described the use of endoscopic therapy for the management of esophageal tubular duplication.

The cervical location and tubular morphology of esophageal duplication presented by our patient was very rarely described; in the absence of clear evidence in the literature on an annual risk and endoscopic treatment we recommended annual endoscopic follow-up.

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Conflicts of interest: None to declare.

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