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CLINICAL IMAGE IN GASTROENTEROLOGY

Esophageal duplication: A rare cause of recurrent respiratory infections

Duplicación esofágica: una causa poco frecuente de infecciones respiratorias de repetición

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A 20-year-old patient had a history of recurrent respiratory infections since infancy that were treated with antibiotic therapy and bronchodilators. This past month, he presented with clinical worsening associated with progressive dysphagia to solids 5 days earlier, for which he sought medical attention at the emergency service. Possible bronchial pneumonia was suspected, and he was admitted to the hospital to complete the evaluation, given the atypical characteristics.

A computed tomography (CT) scan of the chest and an esophagogastric transit study were carried out (Fig. 1A and B), revealing a double lumen esophagus; congenital esophageal duplication was suspected. Esophagogastroduodenoscopy (EGD) identified an ostium 24 cm from the dental arcade, corresponding to the opening that connected the second esophageal lumen (Fig. 2A). Biopsies were taken of the mucosa that had an inflammatory aspect and the anatomicopathologic study reported no signs of malignancy. The

diagnosis of esophageal duplication explains the patient's recurrent episodes of pneumonia since infancy and the dysphagia due to impaction on hospital admission.

A multi-disciplinary team decided upon endoscopic management and an endostent was placed to isolate the second esophageal lumen (Fig. 2B). The patient's clinical progression was good; the dysphagia was resolved, and he has not presented with a new episode of respiratory infection.

Ethical considerations

The authors declare that this article contains no personal information that could identify the patient, given that it shows images limited to the disease under study. Even so, verbal informed consent was given by the patient and his relatives for obtaining the images and publishing the article.

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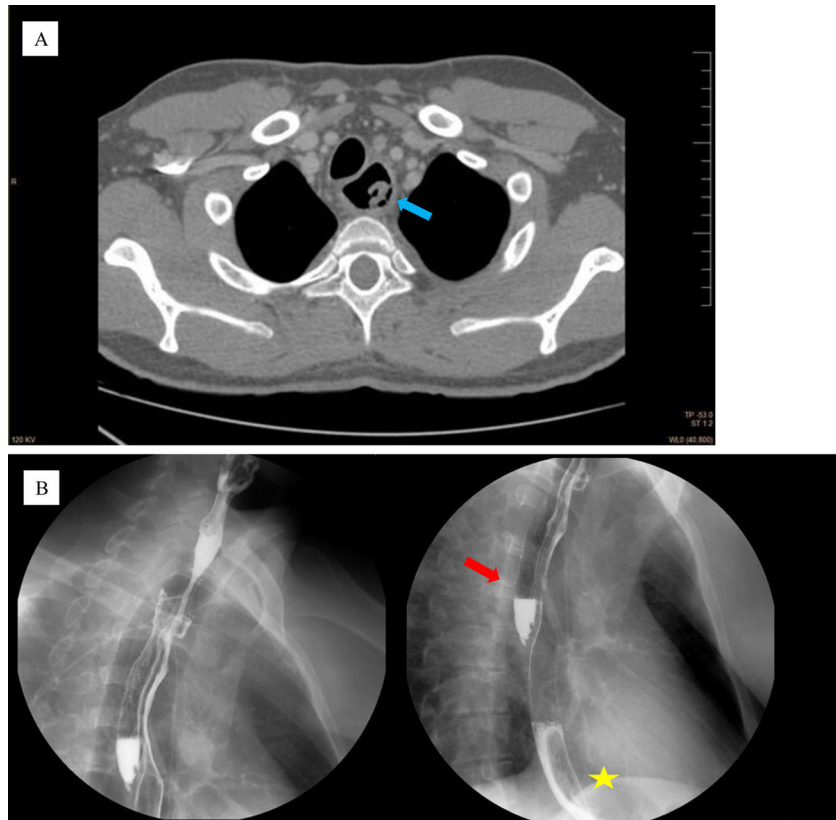


Figure 1 A) Axial CT view: The cervical esophagus is dilated, with a double lumen in its interior that does not communicate with the trachea (blue arrow). B) Esophagogastric transit. Oral contrast medium is shown passing through the esophagus to the esophagogastric junction (yellow star) and into the second esophageal lumen, where it remained static (red arrow).

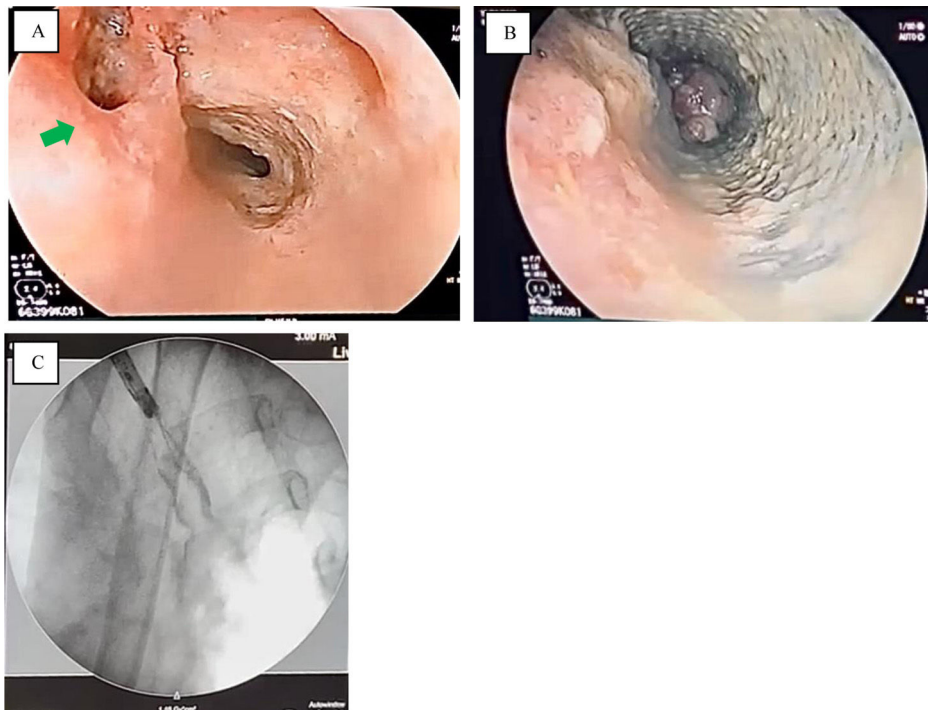


Figure 2 A) Esophagogastroduodenoscopy, showing the double lumen esophagus, with the ostium of the duplication to the left of the image (green arrow) and the "true" lumen in the center. B) Endoscopic image following the placement of the esophageal endostent, isolating the ostium's lumen and enabling the passage of food exclusively through the "true" lumen. C) Radiographic confirmation of the placement of the esophageal stent.

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Declaration of competing interest

The authors declare that there is no conflict of interest.