A 9-year-old girl with a history of asthma, intermittent solid food dysphagia and blockage was admitted because of chest pain, pyrosis, and fever (38.3°C). The only medication she was on at the time of our evaluation was the inhaler Salbutamol-sulfate, which she used as needed. Symptoms started a few hours after a food blockage episode. Physical examination was normal, except for tachycardia (135 bpm). Laboratory results showed: leukocytosis (17300/mm³), 11.59 x 10⁹ neutrophils, a high C-reactive protein (180 mg/l), and erythrocyte sedimentation rate of 74 mm/h.

Chest radiograph was normal. Chest computed tomography scan (Fig. 1a) showed a retroesophageal perforation, with periesophageal fluid collection. Initial treatment consisted of fasting, intravenous antibiotics (ceftriaxone 1.5 g/d, metronidazole 300 mg t.i.d, gentamicin 90 mg/d), and proton pump inhibitor (30 mg/d), with good evolution. Upper endoscopy (Fig. 1b) 2 months later showed an upper esophageal resistance to the tube passage without stenosis, and normal mucosa. Biopsies demonstrated normal mucosa. Biopsies demonstrated normal mucosa. Biopsies demonstrated normal mucosa. Biopsies demonstrated normal mucosa. Biopsies demonstrated normal mucosa. Biopsies demonstrated normal mucosa.

Eosinophilic esophagitis is a rare chronic inflammatory disease, with a varied clinical and endoscopic spectrum. Some age-related differences were noted between symptoms in children and adults. In children, feeding refusal or intolerance, GERD-like symptoms, emesis, abdominal pain, dysphagia, food impaction, chest pain, and diarrhea have been described [1]. In adults, intermittent dysphagia and food impaction are more common [1]. Transmural inflammation has been reported in eosinophilic esophagitis. It significantly increases the risk of perforation. Mucosal laceration and transmural perforation have been reported after endoscopy or dilation in eosinophilic esophagitis [2,3]. Spontaneous esophageal perforation was recently reported in three adults, associated with eosinophilic esophagitis [2-4]. Until now, no reports of this unusual association and presentation have been reported in children, extending the clinical spectrum of eosinophilic esophagitis in this population.

References

Bibliography
Endoscopy 2008; 40: E171
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
C. Robles-Medranda, MD
Hôpital Edouard Herriot
Department of Hepatogastroenterology
Place d’Arsonval
69437, Lyon
Cedex 03
France
Fax: +33-472-110147
carlosoaekm@yahoo.es

Robles-Medranda C et al. Esophageal perforation in eosinophilic esophagitis... Endoscopy 2008; 40: E171