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S2134 Presidential Poster Award

Pulmonary Artery Sling—An Extremely Rare Etiology of Dysphagia
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Introduction: Pulmonary artery sling (PAS) is a rare anomaly created when the left pulmonary artery originates from the posterior aspect of the right pulmonary artery and courses over from right to left, posterior to the trachea or carina and anterior to the esophagus, to reach the hilum of the left lung. While occurring, it can compress the trachea or the esophagus resulting in airway or esophageal obstruction.

Case Description/Methods: 43-year-old man with history of Down’s syndrome was evaluated for esophageal dysphagia for solid food of 2-month duration. EGD was unrevealing except for mild distal esophagitis. Mild and distal esophageal biopsies were negative for eosinophilic esophagitis. Barium esophagogram revealed extrinsic impression on the right side of esophagus just inferior to the aortic arch. CT thorax revealed showed presence of left pulmonary artery (PAS) corresponding to the above-mentioned extrinsic impression seen on esophagogram. Due to complexity and high mortality associated with the required corrective surgery it was decided to manage this condition conservatively with dietary modifications.

Discussion: Vascular rings are congenital anomalies that can present with a variety of pulmonary and gastroesophageal symptoms. PAS is a rare vascular anomaly first described by Glävecke and Dönhle in 1897. PAS can be associated with congenital cardiac anomalies like ASD, VSD or PDA or airway anomalies like tracheal stenosis. Majority of patients are symptomatic and 2/3rd of patients presents within their first 2 months of life mainly with respiratory symptoms of stridor, respiratory distress, cyanosis, wheezing, and/or pneumonia. Presentation in adulthood is extremely rare as only one other case of adult-onset dysphagia caused by PAS has been reported in English literature in 1966 by Dumler. Aortoesophageal dilatation of the anomalous pulmonary artery can account for late onset of dysphagia in previously asymptomatic individuals. Corrective surgery is mainstay of treatment for life-limiting symptoms after failure of conservative management.

S2135

CMV Esophagitis in Immuno compromised Person Treated With Oral Valganciclovir
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Introduction: Cytomegalovirus (CMV) esophagitis is the second most common gastrointestinal (GI) manifestation of CMV after colitis and typically occurs in immunocompromised individuals. However, about a dozen of cases have been reported in immunocompromised individuals treated successfully with IV Ganciclovir or conservatively. Here, we report first case of CMV esophagitis successfully treated with Oral valganciclovir.

Case Description/Methods: 52-year-old female with history of lichen planus or skin involvement in our male patient. Studies have shown that polypharmacy (>3 medications) and the use of immunomodulatory agents is common among patients with lichenoid esophagitis. Our patient took multiple asthma medications including dupilumab, which may have contributed to his presentation. With scant available literature, lichenoid esophagitis is a rare yet significant etiology of dysphagia due to its malignancy risk.

References