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Pulmonary Artery Sling-An Extremely Rare Etiology of Dysphagia

Khola Qamar

Abhinav Tiwari
Beaumont Health Fellow

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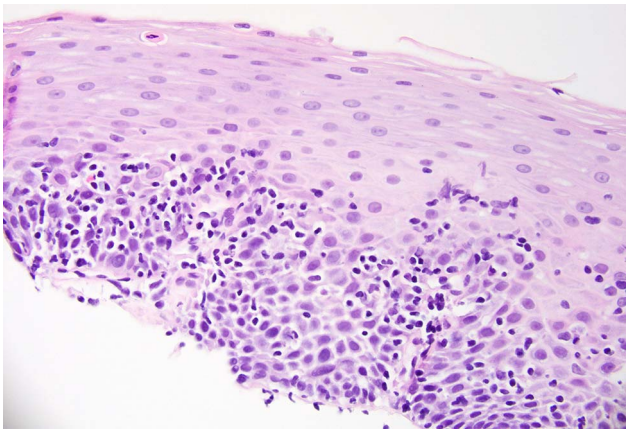


[2133] **Figure 1.** histopathology showing a basal-predominant, lymphocyte-rich, lichenoid inflammatory infiltrate with associated dyskeratosis (apoptotic squamous cell, top left).

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.

S2134 Presidential Poster Award

Pulmonary Artery Sling—An Extremely Rare Etiology of Dysphagia

Khola Qamar, MD[1], Abhinav Tiwari, MD[2].
[1]Dartmouth-Hitchcock Medical Center, Bennington, VT; [2]Beaumont Health, Royal Oak, MI.

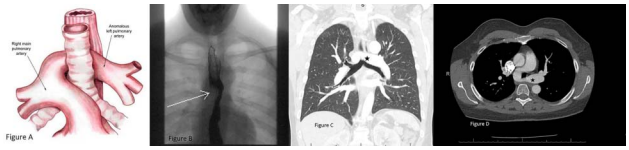
Introduction: Pulmonary artery sling (PAS) is a rare anomaly created when the left pulmonary artery originates from the posterior aspect of the right pulmonary artery and courses over from right to left, posterior to the trachea or carina and anterior to the esophagus, to reach the hilum of the left lung. While coursing, 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. Mid 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 Glaevecke and Doehle 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. Arteriosclerotic 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

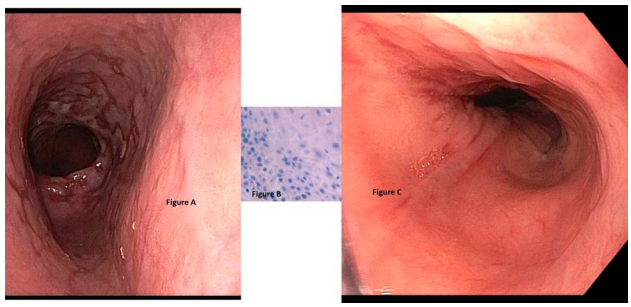
CMV Esophagitis in Immunocompetent Person Treated With Oral Valganciclovir

Khola Qamar, MD[1], Abhinav Tiwari, MD[2].
[1]Dartmouth-Hitchcock Medical Center, Bennington, VT; [2]Beaumont Health, Royal Oak, MI.

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 immunocompetent individuals treated successfully with IV Ganciclovir or conservatively. Here, we report first case of CMV in immunocompetent adult treated successfully with oral valganciclovir.



[2134] **Figure 1.** Cartoon depiction of Pulmonary sling (A), Esophagram (B), CT (C, D) showing aberrant pulmonary artery.



[2135] **Figure 1.** EGD (A) showing esophageal ulcers, B showing inclusion bodies on histology, repeat EGD (C) showing healed ulcers.

Case Description/Methods: 59-year-old female with mild developmental delay otherwise in good health, was evaluated for 1-year history of difficulty swallowing solid food. She denied having chest pain, reflux symptoms, odynophagia, nausea, or vomiting. She was not on any medication and did not consume tobacco or alcohol. EGD revealed multiple clean base ulcers in distal 6 cm of esophagus. Biopsies revealed erosive esophagitis with granulation tissue along with positive immunostaining for CMV inclusion bodies. She was started on oral valganciclovir 900 mg per day for 4 weeks. Her dysphagia improved and EGD was repeated after completion of antiviral therapy which showed resolution of esophagitis.
Discussion: CMV esophagitis presents with chest pain, dysphagia, odynophagia, anemia, GI bleed, or weight loss. Symptomatic infection is rare in immunocompetent patient as only handful of cases have been reported. EGD shows esophageal mucosal erosion, solitary or multiple, shallow ulcers or diffuse esophagitis. Diagnosis is made on histology by discovering cytomegalovirus inclusion bodies in the nucleus of the biopsy tissue obtained from base of the ulcer. Majority of cases of CMV esophagitis in immunocompetent adults have been treated with IV infusion of ganciclovir for at least 2-3 weeks, there is at least one report of successful conservative management. While only few cases of successful treatment of upper GI CMV with oral valganciclovir in immunocompetent infant have been reported, no such report exists for adults. We describe first case of CMV esophagitis successfully treated with Oral valganciclovir.

S2136

Serendipitous Surveillance: A Case of Alpha-Fetoprotein-Producing Esophageal Adenocarcinoma in a Patient With Prior Seminoma

Rochelle Wong, MD[1], Christine Orr, MD, FRCPC[2], Richard P. Cohen, MD[3], Paul Miskovitz, MD[3].
[1]New York-Presbyterian/Weill Cornell Medical Center, New York, NY; [2]Queen's University, Kingston, ON, Canada; [3]Weill Cornell Medical College, New York, NY.

Introduction: Alpha-fetoprotein (AFP)-producing esophageal adenocarcinoma (EAC) is a rare diagnosis. High AFP levels in adults are typically associated with primary hepatocellular carcinoma or yolk sac tumors. Here we report an interesting case of an AFP-producing EAC found in an asymptomatic patient with history of a germ cell tumor.
Case Description/Methods: A 67-year-old man with history of testicular seminoma status post orchiectomy and radiation 15 years ago underwent serum tumor marker surveillance and was incidentally found to have elevated AFP to 154 ng/ml (normal < 8.0 ng/mL). He was asymptomatic, not obese, and had no toxic habits. Basic bloodwork and imaging studies were unrevealing. Positron emission tomography-computed tomography (PET-CT) showed abnormal uptake at the gastroesophageal junction (GEJ) with hypermetabolic GEJ lymph nodes. Upper endoscopy (EGD) showed a GEJ circumferential mass from 38-42cm (Figure 1a), confirmed on subsequent endoscopic ultrasound (EUS) (Figure 1b). Biopsies revealed high-grade esophageal adenocarcinoma (Figure 1c-d) with loss of MLH1 and PMS2 staining (Figure 1e-f). He was started on neoadjuvant chemoradiation with improvement in AFP.
Discussion: There are few case reports of AFP-producing EAC, which typically arise from Barrett's metaplasia. Due to insidious early symptoms, dearth of screening techniques, and high malignant potential, AFP-producing tumors are often diagnosed at advanced stage with poor prognosis and poor response to chemotherapy.[1] Our patient's diagnosis was incidental, with no Barrett's or liver disease; EAC is an uncommon secondary cancer following seminoma, and seminoma do not typically express AFP.[2] However, loss of MLH1 and PMS2 expression on histopathology suggests predisposing mismatch repair deficiency. It is unclear if EAC has a yet-unidentified association with germ cell tumors, and more studies are needed to identify at-risk populations to inform screening recommendations. When EAC is treated, AFP levels may be useful for monitoring for response and recurrence.[3]

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