A Case of Desquamative Esophageal Lesions, Most Likely Due to Celecoxib

Yusaku Kajihara

Key words: celecoxib, esophagitis

A 51-year-old man presented to the author's department with retrosternal discomfort. Esophagogastroduodenoscopy revealed longitudinal sloughing of mucosal casts in the mid and lower esophagus (Picture). Candida species were not detected by a microscopic examination. Although he had never taken dabigatran, the endoscopic findings were compatible with chemical esophagitis. Detailed inquiries confirmed that he had taken celecoxib (200 mg/day) due to gout for seven days without drinking sufficient water; thus, celecoxib therapy was discontinued, and rabeprazole (10 mg/day) was administered. The symptoms disappeared within a few days. One month later, follow-up endoscopy showed complete healing of the esophageal lesions.

Non-steroidal anti-inflammatory drugs are one of the most common causes of drug-induced esophagitis (1). Celecoxib, a highly selective cyclooxygenase-2 inhibitor, was developed to reduce gastrointestinal toxicity; however, cases of severe desquamative esophagitis have been reported in patients treated with celecoxib (2). The pathogenesis may include local chemical effects caused by the absorption of the lipid-soluble drug by the esophageal mucosa, especially at low pH (2).

The author states that he has no Conflict of Interest (COI).

References


The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).