

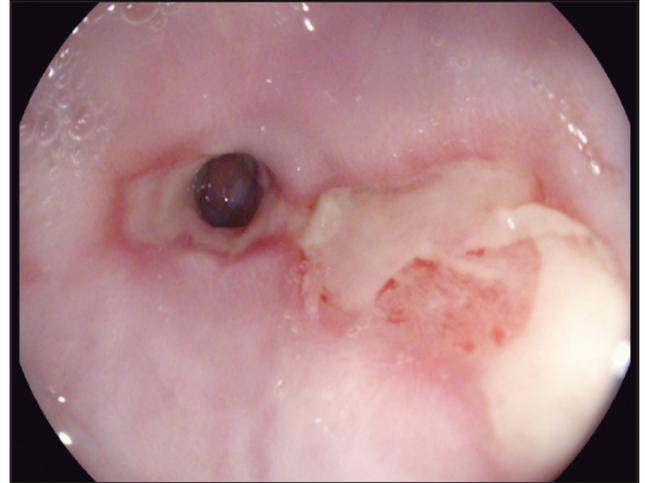
## Esophageal lesions due to gastroesophageal reflux

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DOI: <https://doi.org/10.36104/amc.2019.1330>



**Figura 1.** *Cuerpo extraño esofágico constituido por material vegetal.*



**Figura 2.** *Estenosis esofágica, Esofagitis grado C y sospecha endoscópica de metaplasia esofágica.*

A 50-year-old male consulted due to a five-year history of heartburn, with esophageal dysphagia over the last year. Esophagoscopy showed a foreign body consisting of plant material; after removing it, narrowing (< 12.5 mm) was found which blocked the endoscope's passage. Proximal to this narrowing were esophageal mucosal breaks spanning less than 75% of the circumference, with a maximum length of 1.5 cm. No biopsies were taken due to mucosal friability. (Figures 1, 2). The diagnosis was: esophageal stenosis secondary to gastroesophageal reflux (GER), suspected esophageal metaplasia (Barrett's esophagus) and grade C esophagitis. The current diagnostic model for GER revolves around the identification of esophageal and extraesophageal symptoms, as well as

mucosal damage (esophagitis, Barrett's esophagus, stenosis and adenocarcinoma) (1, 2). This case illustrates three esophageal complications caused by GER. Esophageal dilation, treatment with omeprazole and follow up to histologically rule out Barrett's esophagus were ordered.

### References

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Received: 7/VII/2019 Accepted: 20/XI/2019