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Case Report

Gastric Heterotopia of the Proximal Esophagus : A Case Report

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Abstract

Gastric heterotopia of the proximal esophagus, also known as "Inlet Patch," is characterized by the presence of gastric mucosa within the esophagus. We present the case of a 21-year-old patient with no significant medical history, who came in with chronic abdominal pain and vomiting indicators of Gastric Heterotopia of the Proximal Esophagus.

Key words: gastric heterotopia ; proximal esophagus ; pathology

Introduction

Gastric heterotopia of the proximal esophagus, also known as "Inlet Patch," is characterized by the presence of gastric mucosa within the esophagus. These patches can be distal, which differentiates them from Barrett's esophagus, or more commonly proximal at the cervical esophagus level.

Case Report :

We present the case of a 21-year-old patient with no significant medical history, who came in with chronic abdominal pain and vomiting. The clinical examination was unremarkable except for abdominal tenderness. An abdominal ultrasound showed no abnormalities. Upper digestive endoscopy revealed an erythematous gastritis with a suspected inlet patch at the proximal esophagus. Biopsies were taken. Histopathological examination showed moderately active gastritis with Helicobacter Pylori and a gastric heterotopia at the proximal esophagus without signs of dysplasia or malignancy (Figure 1). The therapeutic management included treating the symptoms, Helicobacter Pylori gastritis, and monitoring the patient.

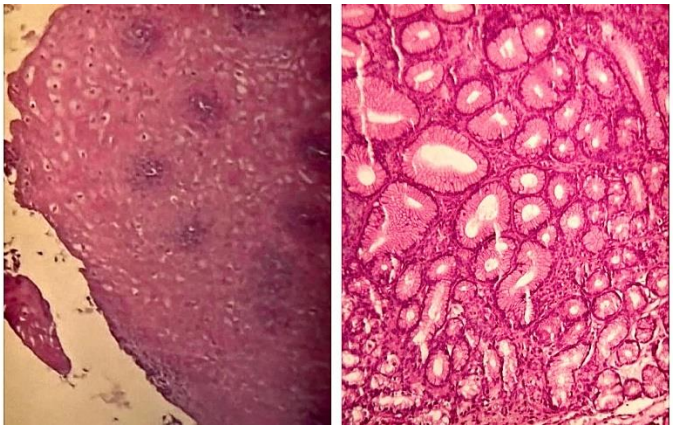

Figure 1 : gastric heterotopia at the proximal esophagus

Discussion :

The most widely accepted theory regarding the origin of gastric heterotopia in the esophagus is embryonic origin. Another hypothesis suggests these glands originate from esophageal glands. The prevalence of gastric heterotopia of the proximal esophagus ranges from 0.1% to 13.8%. Gastric heterotopias can be asymptomatic or present with symptoms such as dyspepsia, epigastric pain, heartburn, or regurgitation. Our patient experienced abdominal pain with vomiting, which might be due to chronic gastritis. Endoscopic diagnosis relies on identifying a lesion between 15 and 21 cm from the dental arches, appearing as a velvety, oval or round, pink or salmon-colored patch. It is best to examine the proximal esophagus by slowly withdrawing the endoscope with short, repeated insufflations while rotating the instrument clockwise or counterclockwise. Endoscopic diagnosis is confirmed by histopathological examination showing gastric mucosa. The main differential diagnosis is gastric metaplasia, particularly when the lesion is located distally in the esophagus. Complications of gastric

heterotopia of the proximal esophagus include dysphagia, gingivitis, and rare neoplastic complications such as dysplasia and adenocarcinoma. Treatment involves symptomatic management and endoscopic surveillance.

Conclusion :

Gastric heterotopia of the proximal esophagus is relatively rare and usually asymptomatic. Diagnosis is endoscopic and confirmed by histopathological examination. The main differential diagnosis is gastric metaplasia, especially in distal esophageal locations.

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Conflicts of interest

None declared.

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ethical approval

ethics approval was not required for this study

Consent for publication

Yes

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