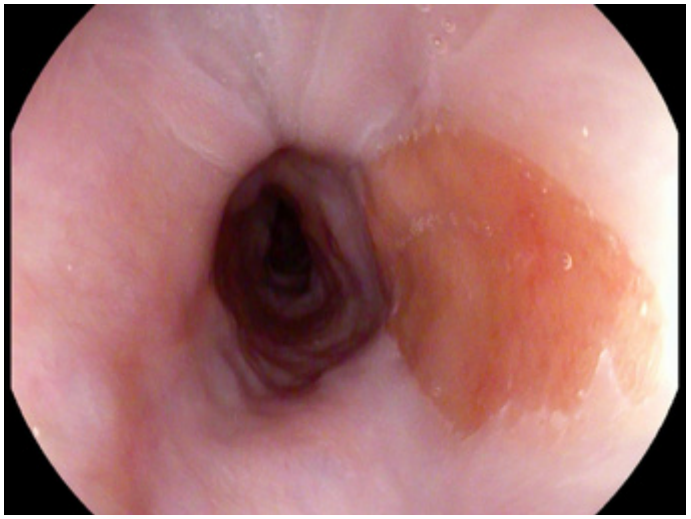
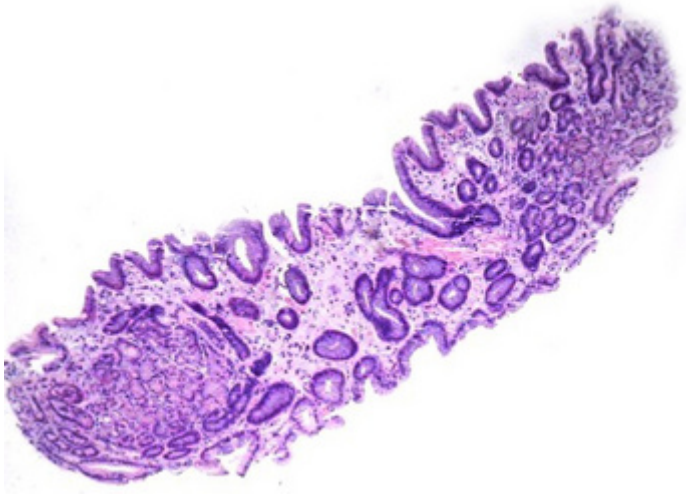
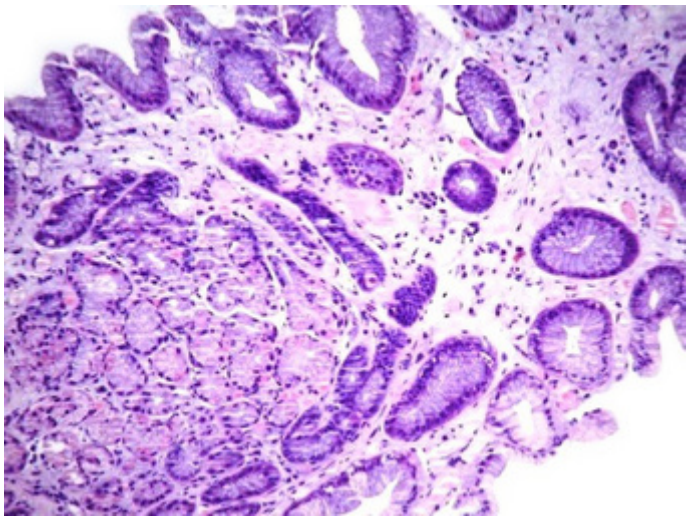
April 2020

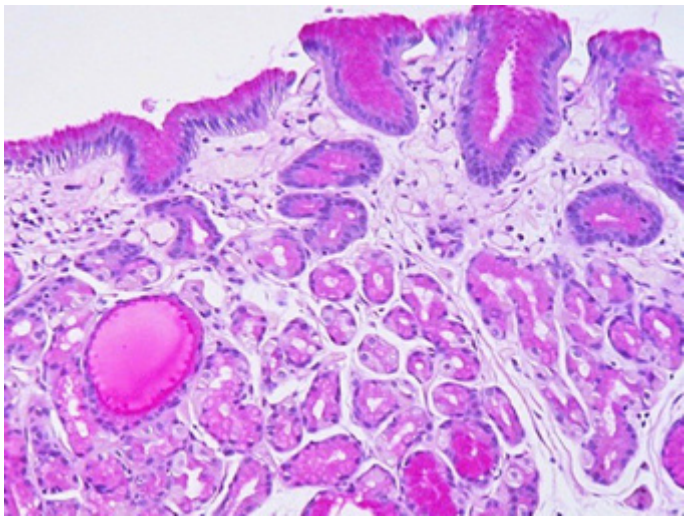
Pink area in the upper esophagus of a 58-year-old male with history of oral squamous cell carcinoma.

What is your diagnosis?









Diagnosis:

Inlet patch.

Comment:

A 58-year-old male patient with history of oral squamous cell carcinoma underwent upper endoscopy revealing a pink area of 1 cm in largest diameter, located in the upper esophagus (Panel A). A biopsy was taken. Histologically, the lesion showed gastric cardiac-type mucosa, composed of foveolar epithelium and simple mucous glands, but no oxyntic glands. Slight capillary hyperemia and edema were present, but no pathological inflammation was detected (Panels B and C; PAS stain in Panel D).

Inlet patches are fairly common, occurring in as much as 10- 13.5% of the population. They are believed to be embryological vestiges, arising typically in the upper part of the esophagus. Usually, they are an incidental finding, but sometimes unspecific esophageal symptoms, such as dysphagia, globus and pain prompted the investigation. In this scenario, synchronous “microscopic esophagitis”, that is, eosinophilic or lymphocytic esophagitis with normal or nearly normal endoscopy (this happens in up to 20% of patients with these two diseases), needs to be ruled out by appropriate biopsies from all segments.

The endoscopic appearance of an inlet patch is that of a slightly raised, salmon-colored, velvety area, of variable dimensions (0.2 – 5 cm), oriented longitudinally in the (upper) esophagus. Biopsies are usually performed to confirm the diagnosis. On the histological level, inlet patches are most frequently represented by oxyntic-type gastric mucosa, cardiac-type mucosa, or (most frequently) a combination of both. Intestinal metaplasia is uncommon and has been reported in association with Helicobacter pylori infection.

There are two main differential diagnoses for pink or reddish areas within the esophagus: Barrett’s metaplasia (occurring in the distal esophagus) and squamous dysplasia, which is of particular importance in patients with history of squamous cell carcinoma within the oropharyngeal region and/or esophagus due to the often multifocal occurrence of the disease. It is of additional note that very rare cases of adenocarcinoma have been reported within inlet patches, the malignant transformation rate being less than 1.5%.

In most cases, therapy is not necessary. Some studies recommend ablation in symptomatic patients, in particular when lesions are found in association with chronic coughing and/or laryngitis.

For further reading:

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