

CASE REPORT

Scurvy: An Uncommon Consequence of Eosinophilic Esophagitis

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Received: 16 October 2023 Accepted: 01 November 2023 Published: 13 November 2023

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1. Case Report

Informed consent was obtained verbally via telephone call from the patient and his family and this consent was documented in the electronic medical record

A 43-year-old male with history of asthma presented to his primary care physician with solid and liquid dysphagia. A barium esophagram revealed “free gastroesophageal reflux” and findings suspicious for ineffective esophageal motility. He was referred to gastroenterology, but did not establish care due to lack of insurance.

His dysphagia progressed over subsequent years such that he altered his dietary intake to only milk, ice cream, and mashed potatoes. Ultimately, he developed severe joint pain and a petechial rash and was diagnosed with scurvy. Labs demonstrated an

ascorbic acid level of zero, which resolved with oral Vitamin C repletion.

Esophagogastroduodenoscopy (EGD) a year later showed mucosal changes suggestive of eosinophilic esophagitis, though biopsies were inconclusive. Symptoms failed to improve on proton pump inhibitor, so a repeat EGD was completed (Figure 1), this time meeting criteria for eosinophilic esophagitis. Histology was notable for benign squamous mucosa with many intraepithelial eosinophils, focally up to 25 eosinophils per high power field (HPF) in the proximal esophagus (Figure 2) and 30 per HPF in the distal esophagus (Figure 3). Given these findings, he was considered to be PPI non-responsive and was started on swallowed steroids with improvement in symptoms.



Figure 1. EGD showed longitudinal furrows, white plaques, congestion, esophageal erosions, longitudinal markings and punctate white spots in the entire esophagus.

Citation: Emily Minor, Lindsey Bierle, Bryan Sauer, *et al.* Scurvy: An Uncommon Consequence of Eosinophilic Esophagitis. Archives of Gastroenterology and Hepatology. 2023; 5(1): 06-07.

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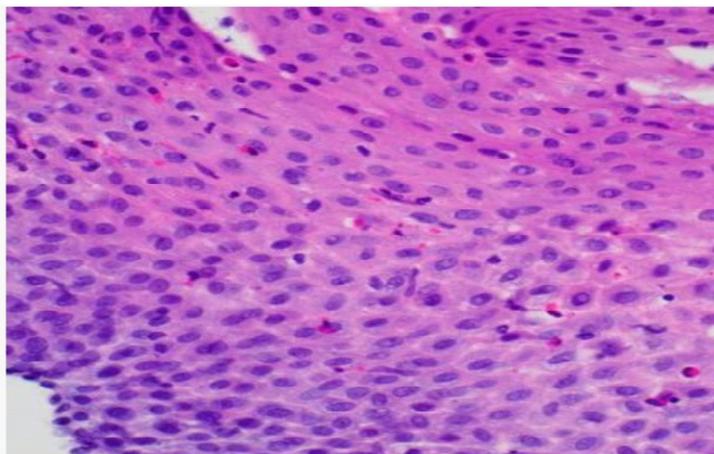


Figure 2. Biopsy from the proximal esophagus revealed up to 25 eosinophils per high power field.

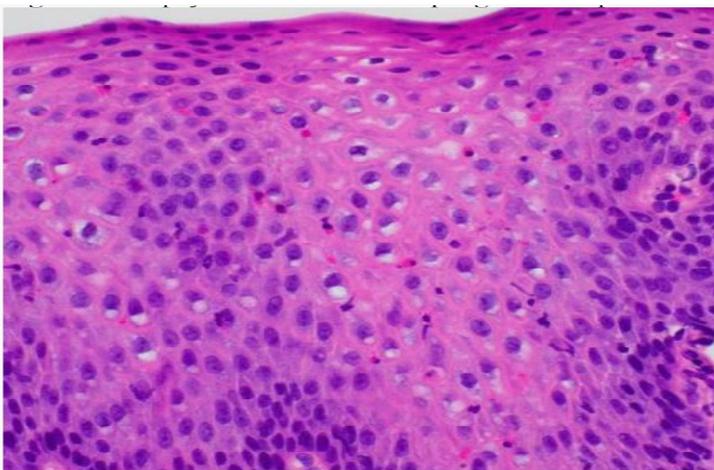


Figure 3. Biopsy from the distal esophagus with up to 30 eosinophils per high power field