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Mahmoud Y. Madi
Matthew Peller
Michael Presti
Ahmad Najdat Bazarbashi

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Esophageal mucosal bridge (EMB) is a rare, often incidental finding encountered during esophagogastroduodenoscopy (EGD). It can be of congenital origin, or occur secondarily to local esophageal trauma, radiation therapy, and various inflammatory conditions involving the esophageal mucosa [1]. While mostly asymptomatic, EMB can often result in dysphagia by causing luminal obstruction. We present a case of symptomatic EMB secondary to long-standing tracheoesophageal voice prosthesis (TEVP) that was successfully treated with endoscopic resection using a scissor-type dissection knife.

A 77-year-old man with a history of recurrent squamous cell carcinoma of the vocal cords, which required laryngectomy, left pectoralis flap, tracheoesophageal puncture for TEVP, and chemoradiation, presented with progressive dysphagia to solid foods. Ear, nose, and throat evaluation confirmed EMB, which was dilated with rigid dilator to 16.5mm without symptomatic relief. EGD revealed a complete EMB that was 2 cm in thickness at 17 cm from the incisors (Fig. 1). The endoscope was able to pass on either side of the bridge. Immediately adjacent to the bridge, a small fistulous opening, consistent with TEVP fistula site, was noted (Fig. 2). The esophagus was normal distal to this area. The decision was to proceed with dissection of the mucosal bridge. The bridge was injected with epinephrine with adequate blanching, followed by dissection using a scissor-type through-the-scope dissection knife (SB-Knife; Olympus, Center Valley, Pennsylvania, USA) with complete disruption of the bridge without recurrence on follow-up endoscopy.
using Endocut settings (▶ Fig. 3). This was done in a similar fashion to a Zenker’s septotomy [2]. This resulted in successful complete disruption of the bridge with no bleeding or evidence of mucosal or muscle injury (▶ Video 1).

The patient reported significant improvement in dysphagia. Repeat EGD at 6 weeks revealed complete disruption of the EMB with absence of bridge regrowth (▶ Fig. 4).

This case highlights endoscopic management of EMB, a rare cause of dysphagia. EMB management using a scissor-type knife is safe and provides durable clinical improvement.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Mahmoud Y. Madi1, Matthew Peller2, Michael Presti1, 3, Ahmad Najdat Bazarbashi2, 3
1 Gastroenterology and Hepatology, Saint Louis University School of Medicine, St. Louis, Missouri, United States
2 Division of Gastroenterology and Hepatology, Washington University School of Medicine, St. Louis, Missouri, United States
3 Gastroenterology and Hepatology, John Cochran Veteran’s Administration Medical Center, St. Louis, Missouri, United States

Corresponding author

Ahmad Najdat Bazarbashi, MD
Gastroenterology and Hepatology, Washington University School of Medicine, 660 S. Euclid Avenue, St. Louis, MO 63110, United States
Bazarbashi@wustl.edu

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