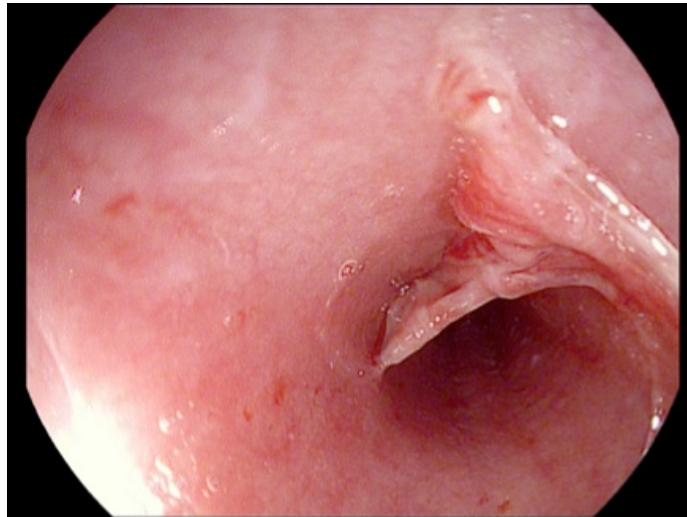


Question 29 – March 21

A 52 year old Ethiopian female with a history of cervical cancer presents with three months of progressively worsening odynophagia and dysphagia to solids. She also had nausea and vomiting. Endoscopy reveals the following in the mid-esophagus.



Pathology reveals sheets of parabasal squamous cells with reactive changes and nuclear enlargement. Immunofluorescence analysis of the biopsies revealed no deposition of IgG, IgA, IgM or C3. She had no skin lesions on exam.

What is the diagnosis?

- A. Pemphigus vulgaris
- B. Candida esophagitis
- C. HSV esophagitis
- D. Esophagitis dissecans superficialis

Answer: D

Esophagitis dissecans superficialis explains these findings. Biopsies did not show typical immunofluorescence features of pemphigus vulgaris.

Reference:

Am J Surg Pathol. 2009 Dec;33(12):1789-94.