

Dabigatran-induced Exfoliative Esophagitis

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Picture 1.



Picture 2.

A 78-year-old-woman, with a history of non-valvular atrial fibrillation, had been taking dabigatran for twelve months and was referred to our hospital due to epigastralgia which was resistant to omeprazole administration. Esophagogastroduodenoscopy revealed longitudinal sloughing mucosal casts in the mid-esophagus (Picture 1, 2) without any remarkable findings in the esophagogastric junction, thus confirming the diagnosis of dabigatran-induced exfoliative esophagitis. The patient's symptoms rapidly improved without the need to discontinue dabigatran after being instructed to drink a sufficient amount of water and maintain an upright position immediately after ingesting the medication.

To date, a few cases of dabigatran-induced esophagitis (DIE) have been reported, although a recent study showed that DIE was found in approximately 20% of patients taking dabigatran, including those without any symptoms (1, 2).

Tartaric acid cores, which are coated with dabigatran, are thought to adhere to the esophageal wall and thereby cause DIE. Regarding treatment, the discontinuation of dabigatran, the administration of a proton pump inhibitor, and/or patient education on proper ingestion techniques have all been advocated.

Author's disclosure of potential Conflicts of Interest (COI).

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