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CASE REPORT

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An overlooked cause of retrosternal pain: Tetracycline-induced esophagitis

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Abstract

Chest pain is one of the most common admission symptoms of emergency services. The differential diagnosis is usually challenging but also very important for emergency physicians. After the exclusion of cardiac sources; noncardiac etiologies must be evaluated. Herein, we report a remarkable case who referred to our emergency department with chest pain and eventually diagnosed as tetracycline-induced esophagitis. Pill esophagitis should be kept in mind in the differential diagnosis of noncardiac chest pain.

Keywords: Noncardiac, chest pain, retrosternal pain, tetracycline-induced, esophagitis

Introduction

Chest pain is one of the most common cause of emergency admissions. The patients may have life-threatening events such as acute myocardial infarction as well as noncardiac etiologies [1]. The differential diagnosis is usually challenging but also very important for emergency physicians. After the exclusion of cardiac sources; noncardiac etiologies must be evaluated [2]. Herein we aimed to present a successfully managed case of chest pain who was eventually diagnosed as tetracycline-induced esophagitis and to emphasize the pill esophagitis as a noncardiac chest pain etiology.

Case report

A 26 years old woman admitted to emergency service with complaints of retrosternal pain and odynophagia lasting for one day. She had no cardiac disease and no alcohol or smoking history. Her physical examination was normal. Complete blood count, routine biochemistry, complete urinalysis, chest X-ray and abdominal ultrasonography were normal. Also cardiac markers and electrocardiogram were performed and revealed as normal. She had a history of upper gastrointestinal endoscopy indicated for dyspepsia two weeks ago. She had diagnosed with Helicobacter pylori infection which was treated with quadruple therapy consisted of proton pump inhibitor, amoxicillin, bismuth citrate and tetracycline. At that endoscopy; esophagus was reported as normal. At the tenth day of the therapy; her complaints had begun and she was referred to our clinic at the 11th day. After the exclusion of cardiac event, upper gastrointestinal endoscopy had performed and endoscopic examination revealed superficial ulcers in the mid esophagus favoring the diagnosis of pill esophagitis (Figure 1). Based on the history, clinical presentation and endoscopic findings, the patient was diagnosed as tetracycline-induced esophagitis. Her treatments were stopped except proton pump inhibitors that were continued for four weeks alongside with antacids. After one month of this treatment, endoscopy was performed again and revealed no esophagitis.

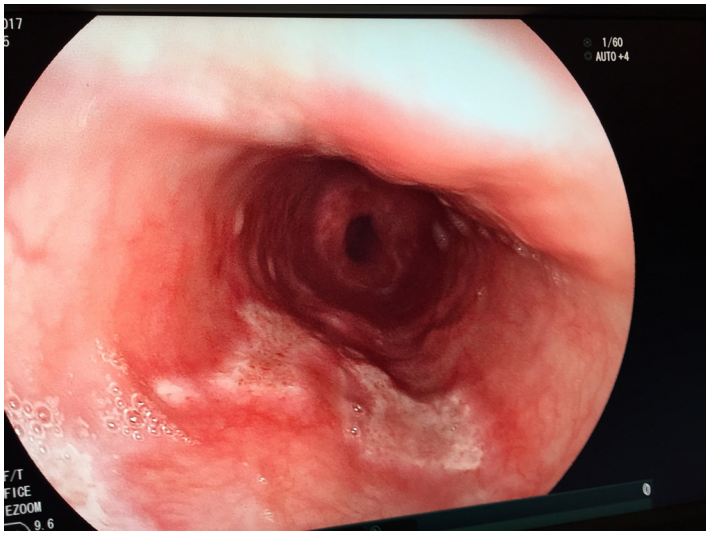

Figure 1. Upper gastrointestinal endoscopy revealed superficial ulcers in the mid esophagus

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Discussion

Chest pain is one of the most common causes of emergency room applications. Diagnosis and differential diagnosis can be challenging for emergency physicians. Esophagitis should be kept in mind in the differential diagnosis [3].Almost every drug, especially tetracycline, may cause esophagitis yet it is a rare adverse reaction [4]. Also endoscopic esophagitis can present various endoscopic views ranging from mild to severe complications [5]. In this context, tetracycline-induced esophagitis should be included in the differential diagnosis of patients presenting with acute non-cardiac retrosternal pain. Furthermore; for prevention regarding this entity; prescribing physicians need to warn the patients for drinking water adequately and swallowing the pill at sitting up position.

Competing interests
The authors declare that they have no competing interest.

Financial Disclosure
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