

THE PREVALENCE OF PILL OESOPHAGITIS IN A TERTIARY CARE CENTER.

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ABSTRACT

**Background :** Pill oesophagitis is a common yet under diagnosed problem and the true incidence can only be found out by holding a high index of suspicion .**Material & Methods:** An analysis of all cause upper GI endoscopies over a finite time period was done and ones with suggestive symptoms segregated, endoscopic findings studied & pill oesophagitis cases identified. **Results:** Two hundred cases were subjected to Upper GI Endoscopy of which 47 had suggestive symptom like chest pain, heartburn, dysphagia, odynophagia, anorexia and unexplained poor oral intake. 11 Patients were found to have pill oesophagitis on endoscopy, eight of which had definite history of drug intake whereas other 3 had history of taking some medicine from local practitioner. **Conclusions:** Pill oesophagitis is an easily treatable, much more easily preventable condition provided the possibility is kept in mind. These patients are at times labelled functional or hysterical as they suddenly start complaining of chest pain when their basic disease was elsewhere and symptoms unrelated.

**Key Words:** pill oesophagitis, drug, Endoscopy.

INTRODUCTION:

Pill oesophagitis is oesophageal injury caused by pill sticking to the esophageal wall and thereby causing mucosal injury. The patient has multitude presentations like chest pain after a seemingly unrelated illness, difficulty in swallowing or painful swallowing, retrosternal burning or simply grossly diminished oral intake and /or vomiting. (1,2)

Antibiotics were the main culprit for Pill oesophagitis and it account for about 50 percent reported cases. On the contrary, NSAIDs have been founded to be fewer injuries, but it was associated with more complications. Some other drugs have been also causing injury, but most sever incidence were reported with the bisphosphatases, mainly alendronate .The

strictures are more common with use of this pill than any other oral pill.(3)

The condition is often not suspected and detected only when endoscopy is performed on suspicion or as a part of fishing expedition to rule out all possibilities.

The appearance is characteristic with ulcer on opposing walls of oesophagus with normal mucosa elsewhere. The aim of this study was to investigate the clinical and endoscopic features, and the effect of pill-related esophageal injury.

MATERIAL & METHODS:

200 upper GI endoscopic were perfumed over period of 1year of which 47 had symptoms

related to oesophagus like chest pain, retrosternal burning, vomiting, dysphagia or odynophagia.

**Inclusion criteria :** Patients with suggestive symptoms like dysphasia, odynophagia, retrosternal pain or burning associated with vomiting were included

**Exclusions Criteria:** Patients with evidence of Ischemic heart disease or any other pathology which could explain the chest pain.

## RESULTS:

**Table no 1. Age & sex distribution**

Age grou	Male	Female	Total
<b>p</b>			
12 - 31		2	2
32 - 51	12	16	35
52 - 71	4	3	7
>72	21	6	3

**Table no 2. Endoscopic Findings**

Normal	6
GERD	28
Growth	2
Pill oesophagitis	11

**Table no 3. Age & sex distribution of proven cases of pill oesophagitis**

	Male	Female
12-31		2
32-51		1
52-71	3	3
>72		2

**Table no 4. Correlation with pill ingestion**

No History of Pill Ingestion	1
History of Pill Ingestion	10
NSAIDS	6
ATT/ Antibiotics	3
Alendronate	2

**Table no 5. Clinical correlation**

Clinical suspicion	3
oesophagitis not suspected	8



**Figure 1: Allendronate Induced Diffuse Injury**



**Figure 2: Ring like Ulceration**

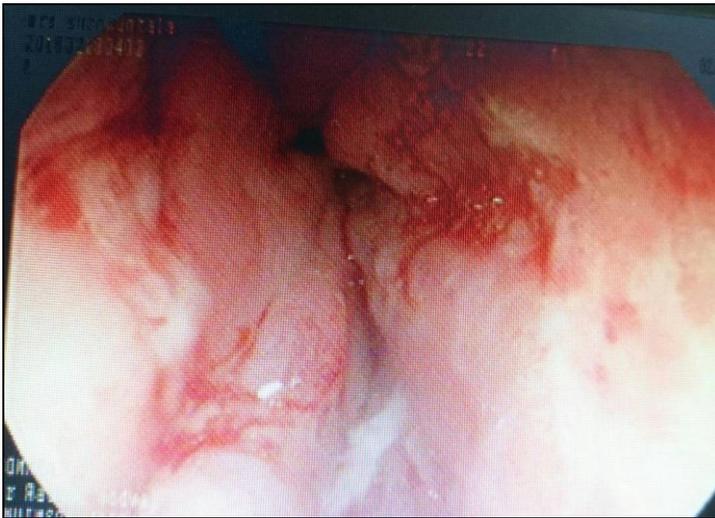


Figure 3: Ulcer on Opposite Walls

## DISCUSSION :

Pill oesophagitis as an entity has been recognized for a long time but still has not received the attention it deserves. Typically, the patient takes medicine in a half propped up position with little water and goes off to bed. The pill sticks in the oesophagus and due to caustic nature of some of the compounds and by virtue of prolonged contact and pressure, it causes ulceration of the oesophageal wall. Classically these ulcers are seen on endoscopy as ulcers on opposite walls of oesophagus with normal mucosa elsewhere. (4)

The condition is easily treatable and even more easily preventable if provided a high index of clinical suspicion is held. Untreated, complications like hemorrhage, stricture or perforation may arise though usually, recovery is the rule. Moreover, correct diagnosis saves the patient a lot of unnecessary investigations. (5)

Our study aimed at studying the incidence and prevalence of pill oesophagitis amongst the patients undergoing upper GI endoscopy though these numbers are not representative as those cases are not included which were not suspected or did not undergo endoscopy and symptoms were relieved with routine PPI management.

There was a preponderance of females and elderly in our population diagnosed with the condition which is in accordance with the literature. (6,7,8,9)

Need of the time is to enhance the clinical awareness of this diagnoses and save misery.

## CONCLUSION:

Of the 47 patients with symptom suggestive of oesophageal problem, GERD was most commonly observed where as a considerable number showed pill oesophagitis which was suspected in only 3 out of 11 pts formed to have the condition.

History of pill ingestion could be elicited in most of them (10/11), The most common culprit being NSAIDS followed by antibiotics. Alendronate use was found to cause severe & extensive oesophagitis in patients who were unable to sit up & too sick to follow instructions.

## REFERENCES:

- (1) Kikendall IW, Friedman AC, Oyewole MA, et al Pill induced oesophages injury. Case report and review of medical literature. Dig Dis Scin. 1983;28:174
- (2) Hughes R. Drug induced oesophageal injury. Br med J 1979;2:132
- (3) J. Walter Kikendall. Pill-Induced Esophagitis. Gastroenterol Hepatol (N Y). 2007 Apr; 3(4): 275-276.
- (4) Lanza F, Sahba B, Schwartz H. et al The upper GI safety and tolerability of oral alendronate at a dose of 70 milligrams over weakly : a placebo controlled endoscopy study. AM J Gastro control 2002; 97:58
- (5) Cloxacillin: A new cause of pill induced oesophagitis Petros ZeZos, Zev Harel, Fred Saibid, Canadian Journal of gastroenterology & hepatology vol 2016 (2016).
- (6) G. N. Zografos, D. Georgiadou, D. Thomas, G. Kaltsas, and M. Digalakis, "Drug-induced esophagitis," Diseases of the Esophagus, vol. 22, no. 8, pp. 633-637, 2009.

- (7) Abid S, Mumatz K, Jafri W, et al. Pill-induced esophageal injury: endoscopic features and clinical outcomes. *Endoscopy*. 2005;37:740-744.
- (8) Kadayifci A, Gulsen MT, Koruk M, Savas MC. Doxycycline-induced pill esophagitis. *Dis Esophagus*. 2004;17:168-171
- (9) Jaspersen D. Drug-induced esophageal disorders: pathogenesis, incidence, prevention and management. *Drug Saf*. 2000;22:237-249.
- (10) Abraham SC, Cruz-correa M, Lee LA, et al. Alendronate-associated esophageal injury: pathologic and endoscopic features. *Mod Pathol*. 1999;12:1152-1157.