

## Long Circumferential Segment of Oesophageal Gastric Heterotopia - A Case Report

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### Abstract

There are no clear guidelines on management and surveillance of long segment of Heterotopia. Learning points are lack of guidance on such finding and importance of careful withdrawal of endoscope.

**Keywords:** *Heterotopia; endoscopy; oesophagus; Oesophagus; Inlet patch*

### Abbreviations

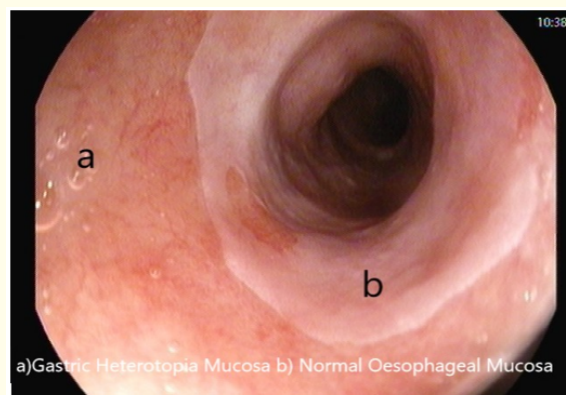
OGD: Oesophageal Gastric Heterotopia; PPI: Proton Pump Inhibitor; OGD: Oesophago-Gastro-Duodenoscopy; GI: Gastrointestinal

### Introduction

Gastric heterotopia is an infrequent endoscopic finding. Usually its small inlet patches. This is case report on a long segment of Gastro heterotopia in Oesophagus.

### Case Report

A 60 years old caucasian male was referred by his General Practitioner for ongoing reflux symptoms for 3 months despite oral proton pump inhibitor. He was booked in for elective OGD which showed long concentric segments of gastric ectopic mucosa in the oesophagus between 15 to 24 cm from incisors with gastroesophageal junction at 40cm. Biopsies were taken which confirmed gastric heterotopia. Upper GI endoscopy consists of examination of Oesophagus, stomach and early part of small intestine. While there are guidelines to record the findings in Stomach and duodenum, findings in the Upper oesophagus can be easily missed especially if withdrawal is quick.



### Discussion

Gastric Heterotopia or oesophageal inlet patch are usually small, between 2 mm to 3 cm discrete areas which resemble gastric mucosa [1]. They are mostly in proximal oesophagus. Prevalence has variable reporting between 0.4 to 11% in patients having OGD [2]. This variation is generally due to lack of careful examination in the proximal oesophagus. This case is unique as the Inlet patch covers the circumference of oesophagus and is around 10 cm in length. Small inlet patches are historically considered benign lesions and there is no consensus on their malignant potential hence no surveillance guidelines are in place. Currently no follow up endoscopy is generally done in such cases. Symptoms of chronic cough, globus sensations, laryngopharyngeal reflux have been discussed in previous case reports with some reports noting strictures. Treatment options also have limited data. There have been some case series with treatment with ablation followed by PPI to allow coverage with normal mucosa.

While these symptoms and complications are shown in small focal inlets patches, one can only assume that Long segments of Gastric heterotopia like in this patient carry a risk of complications [3,4].

### Conclusion

Diagnosis of oesophageal gastric heterotopias should be considered in patient with cough related to reflux. Questions regarding surveillance and treatment of long segment OGH have to be considered.

### Conflict of Interest

No financial interest or any conflict of interest exists.

### Bibliography

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