

Hydroxychloroquine-induced Pill Esophagitis

Vijaypal Arya, MD, FACP, Hemant Goyal, MD, Valerie Kabul, RPA-C, K. Rawdan, Medical Student, Swarn Arya, Student Researcher, Wyckoff Heights Medical Center, Middle Village, NY.

Purpose: Case Report: A 27-year-old female patient with a past medical history of Systemic Lupus Erythematosus (SLE) and hypertension was receiving hemodialysis for end-stage renal disease. The patient was hospitalized for repair of arterio-venous fistula and was recovering from this surgical procedure when she complained of severe odynophagia. The patient was started on Hydroxychloroquine for pain in both hands one week earlier. An upper endoscopy was performed which revealed a mid-esophageal ulcer, otherwise normal esophageal mucosa. The ulcer was horse-shoe shaped, 2-2.5 cm in size and was located at 30cm from incisors. The ulcer was non-bleeding with a clean base. The pathology report showed fragments of granulating tissue consistent with an ulcer bed with severe acute inflammation. No viral inclusions were visualized. PAS stain failed to show fungal hyphae or yeast. The medication was stopped, patient was started on pantoprazole therapy and was instructed on proper oral medication administration. The patient recovered well and was discharged from our care without any complications. In conclusion, this report notes the first case of pill induced esophagitis caused by hydroxychloroquine and it should be added to the list of medication causing pill induced esophagitis. Pill esophagitis is a preventable cause of morbidity. Patients, family members, care takers, nurses and primary care physicians should be aware that the pills are to be taken in the sitting position with at least eight oz. of water. Physicians should be vigilant of this diagnosis and should withdraw or, if possible, avoid use of offending pills, so that further complications i.e. gastrointestinal bleeding can be prevented.

Methods: NA

Results: NA

Conclusion: NA