

Glycogenic Acanthosis: Just an Incidental Finding?

Silva GMM*, Silva HMM, Tavares MDBL and Lima RMDSMR

Pediatric Gastroenterology Unity of Centro Materno-Infantil do Norte, Centro Hospital University do Porto, Portugal

*Corresponding author:

Gisela Marina Moreira da Silva,
Pediatric Gastroenterology Unity of Centro Materno-Infantil do Norte, Centro Hospital University do Porto, Largo da Maternidade de Júlio Dinis 4050-651 Oporto, Portugal, Tel: +351919200724; E-mail: giselavaqueiro@yahoo.com.br

Received: 10 Jul 2022

Accepted: 29 Jul 2022

Published: 04 Aug 2022

J Short Name: JCFI

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Citation:

Silva GMM, Glycogenic Acanthosis: Just an Incidental Finding?. J Clin Med Img. 2022; V6(14): 1-2

1. Clinical Image

A 15-year-old girl, with a previous allergic asthma diagnosis, was evaluated because of progressive dysphagia and heartburn over the last two months. An upper gastrointestinal endoscopy was performed and showed an apparent trachealization of all segments of the oesophageal mucosa (Figure 1 and 2). Histological analysis of three-level biopsies revealed hyperplasia of the squamous epithelium and intracellular glycogen compatible with Glycogenic Acanthosis (GA) and no eosinophilic infiltration. Laboratory studies excluded coeliac or thyroid disease. Motility studies comprised 24-hour pH oesophageal monitoring and High-Resolution-oesophageal Manometry (HRM): the pH study did not show pathological acid reflux and HRM showed normal peristalsis and normal median lower oesophageal sphincter pressure (19.8 mmHg) po-

sition and relaxation. Another endoscopic evaluation was done several months later with similar findings.

GA is defined as nodules involving otherwise normal oesophageal mucosa that represent a combination of cellular hyperplasia and increased cellular glycogen [1]. Although a common entity in the adult age [1], GA is a rare endoscopic finding in children, with unknown clinical significance. Herein, we highlight the atypical exuberant endoscopic appearance and hypothesize a possible association with an unrevealing medical condition, that could explain these exceptional findings and patient's symptoms. Two cases of GA associated with coeliac disease in childhood have been reported [2] and one of GA associated with eosinophilic oesophagitis [3], the latter with similar aspects. Further endoscopic re-evaluation may help to clarify this hypothesis.

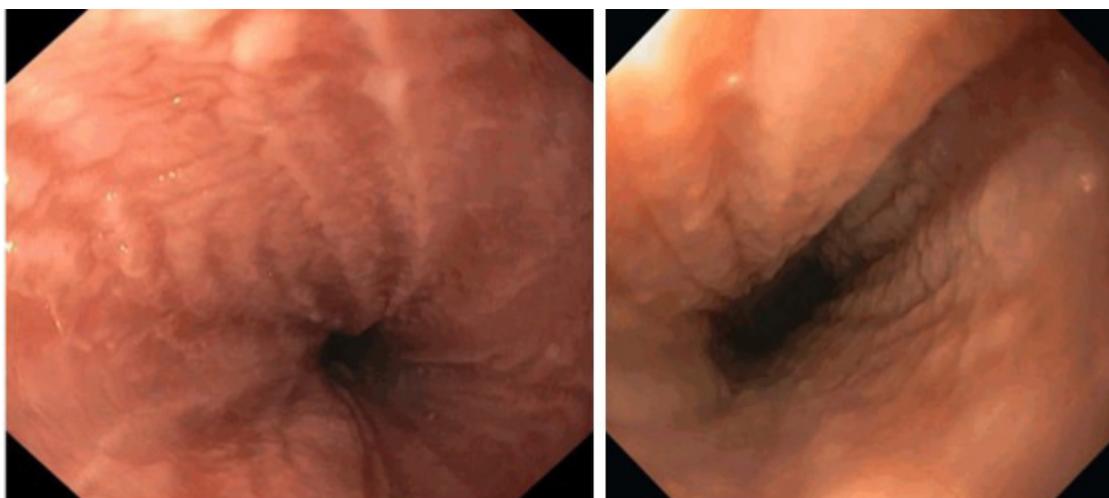


Figure 1 and 2: Diffuse and elevated white plaques and apparent trachealization of esophageal mucosa

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