42 year old woman complained of fullness of abdomen and flatulence for last two years. There was no history of vomiting, heartburn, dysphagia, pain in abdomen, diarrhoea or constipation. Clinical examination of all the systems was normal. On upper G.I. endoscopy, there was an incidental finding of ‘mucosal bridge’ in lower third of oesophagus with surrounding normal vascular pattern without any evidence of scar, erosion or venous prominence; gastro-oesophageal junction was 38 cm from incisor teeth.

Mucosal bridge is a very rare condition characterised by a cord-like elastic stretchable structural mucosal connection across the intestinal lumen like a bridge, which is usually seen in any site from oesophagus to colon. It is frequently seen in colon than in oesophagus and stomach. The oesophageal mucosal bridge may extent obliquely or horizontally across the lumen (Figures 1 and 2), and commonly occurs in the mid- and lower oesophagus. Usually, it does not produce any abdominal symptom. The first case of oesophageal mucosal bridge was reported by Dafoe and Ross in 1969. Till now only 65 cases of oesophageal mucosal bridge from Japan, and 11 cases in English literature are reported. Thorough literature search revealed one case from India.

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Oesophageal mucosal bridge is usually congenital (rare) or secondary (acquired); cases of unknown aetiology is usually designated as congenital. Secondary cases are associated with reflux oesophagitis, post-variceal

Figs. 1 and 2: Endoscopic appearance of an oblique mucosal bridge in lower third of oesophagus; gastro-oesophageal junction is seen below
sclerotherapy, corrosive / drug-induced / candidial oesophagitis, radiation oesophagitis, submucosal dissection (haematoma), after injury from nasogastric tube, Crohn’s disease, systemic lupus erythematosus, dermatomyositis with oesophageal ulcer, Mallory-Weiss syndrome and malignant tumours.1,3 Though mucosal bridge and co-existent oesophageal carcinoma are reported in patients, their cause-effect relationship is yet to be established. Biopsy report of mucosal bridge is reported to have normal histology, epithelial hyperplasia and oesophagitis.1 The formation of mucosal bridge (may be speculative) may be related to undermining of the mucosa by ulceration, followed by healing and re-epithelialisation of the mucosal under surface, which results in development of a mucosal tube (bridge).3

The secondary causes are absent in our patient and thus it is, probably associated with a congenital oesophageal mucosal bridge, presented here because of its extreme rarity.

References