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Image Article

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Esophageal Melanocytosis

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A 57-year-old man with a past history of gastroesophageal reflux disease and alcohol and tobacco use underwent an elective gastroscopy as part of the workup for mild epigastric pain. He referred intermittent epigastric pain for the past 3 weeks, along with heartburn and regurgitation. He denied other symptoms with no medication history. Gastroscopy showed two darkly pigmented patches of 3 mm in the proximal esophagus (Figure 1A) as well as an erosive esophagitis (Los Angeles Classification Grade B). Pathological examination revealed deposition of a dark brown pigment in the basal layer which stained positive for Fontana-Masson. The immunohistochemistry staining for melanocytes verified the presence of rare small melanocytes without atypia that was consistent with the manifestation of esophageal melanocytosis. Esophageal melanocytosis, manifested by hyperpigmented lesions with uncertain etiology and pathogenesis, is a rare and benign entity characterized by increased quantity of melanin and melanocytic proliferation in the basal layer of the esophageal squamous epithelium [1, 2]. It has been related to some chronic stimuli which cause damage of the esophageal mucosa including gastroesophageal reflux disease and alcohol and tobacco use [3, 4]. Meanwhile, it has been considered to be the precursor lesion of primary esophageal melanoma but with no proven firm link [5, 6]. There are insufficient data to establish guidelines regarding management because of its infrequency. Most importantly, gastroenterologists should pay attention to this condition owing to its potential association with primary esophageal melanoma.

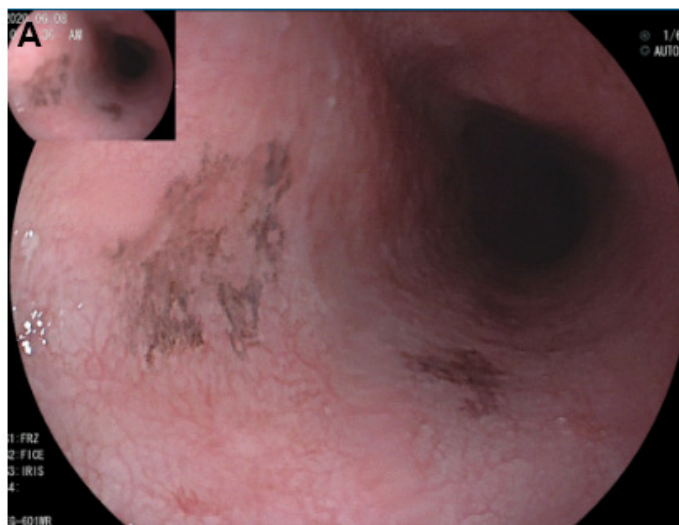


Figure 1: Esophageal Melanocytosis. (A) Endoscopic view of two darkly pigmented patches in the proximal esophagus.

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