

ENDOSCOPIC SPOT

Esophageal melanocytosis

Melanocitose esofágica

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A 77-year-old woman was presented to our hospital with a six-month history of heartburn and chest pain. The upper gastrointestinal endoscopy revealed several dark flat irregularly delineated areas in the middle third of the esophagus (Fig. 1a and b). Histological examination of these lesions revealed an increased number of pigment-laden dendritic cells in the basal layer of the epithelium, with no cellular atypia that stained positive with Masson-Fontana (Fig. 2), prompting the diagnosis of esophageal melanocytosis. This rare condition is characterized by melanocytic proliferation in the basal layer of esophageal squamous epithelium with an increased deposition of melanin. About 30 cases have been reported so far, the majority of which in Indian

and Japanese populations.^{1,2} The etiology and pathogenesis remain uncertain, although it has been hypothesized that it may result from a chronic irritant stimulus, such as gastroesophageal reflux disease that causes mucosal damage and reactive keratinocytic and melanocytic hyperplasia. Overall, these lesions are more common in males and are located in the middle or lower third of esophagus. The possible association with primary esophageal melanoma awaits further investigation to determine whether there is a common pathogenesis or a coincidence of two rare entities in the same patient. Due to its rarity, no current recommendations regarding management and surveillance are available.³

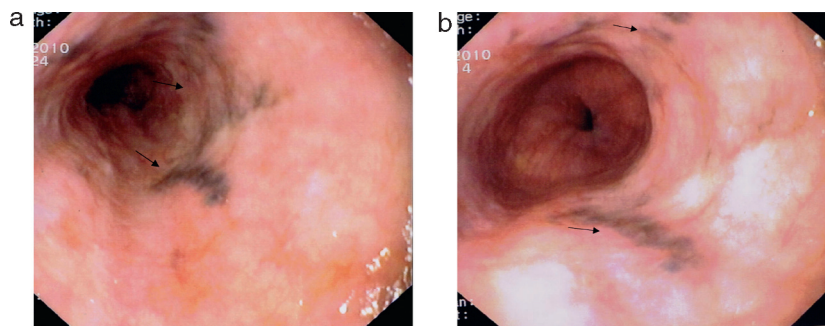


Figure 1 (a and b) Dark flat irregularly delineated areas in the middle third of the esophagus.

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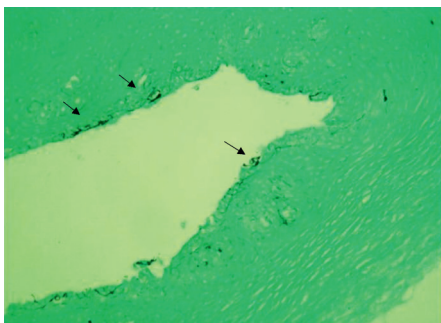


Figure 2 Pigment-laden dendritic cells in the basal layer of the epithelium that stained positive with Masson-Fontana.

Conflicts of interest

The authors have no conflicts of interest to declare.

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