

An Unusual Distal Esophageal Finding: An Endoscopic Challenge

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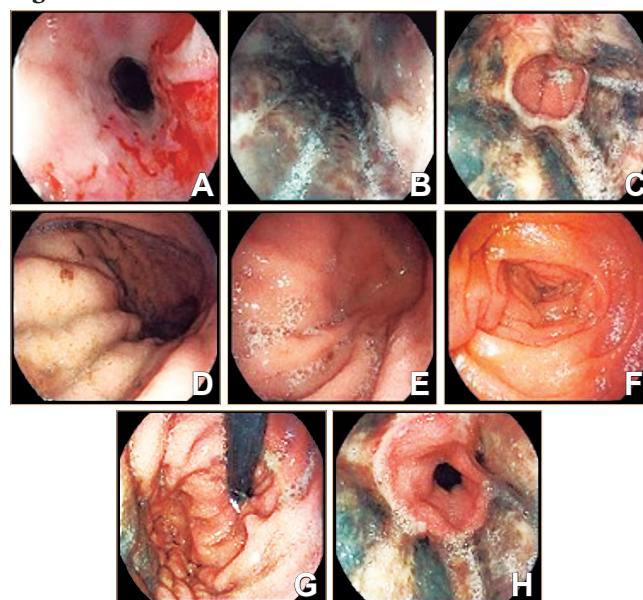
Image presentation

A 66-year-old woman with a history of type 2 diabetes mellitus, hypertension, and advanced chronic kidney disease on peritoneal dialysis was admitted with peritoneal dialysis-associated peritonitis. During hospitalization, she developed intolerance to oral intake, progressive dysphagia, epigastric pain, and coffee-ground emesis. Laboratory evaluation revealed moderate normocytic normochromic anemia, leukocytosis with neutrophilia, hypoalbuminemia (2.1 g/dL), and hyperglycemia (up to 303 mg/dL). Peritoneal fluid analysis showed 1,130 leukocytes/mm³ with 78% polymorphonuclear cells and Gram-negative bacilli on Gram staining, supporting the diagnosis of peritoneal dialysis-associated peritonitis.

Given the suspicion of upper gastrointestinal bleeding, upper gastrointestinal endoscopy was performed on November 22, 2024, revealing extensive circumferential involvement of the distal esophageal mucosa with

a sharply demarcated transition at the gastroesophageal junction (Figure 1). Based on the clinical context and endoscopic findings, what is the most likely diagnosis?

Figure 1.



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¿Cuál es su diagnóstico?
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