

Unique Endoscopic Presentation of “Reversed Reflux”-type Cameron Lesions

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ABSTRACT

As typical complications of hiatal hernias, Cameron lesions often go unnoticed in clinical practice, in particular, in patients with presumed overt and/or obscure upper gastrointestinal bleeding. However, albeit not yet systematically studied, Cameron lesions might be highlighted by novel image-enhanced endoscopic technologies, such as linked color imaging (LCI). Reminiscent of erosive reflux lesions, these lesions may present as reddish streaks, frank ulceration, and/or any other variation within this spectrum. However, an endoscopic presentation as “reverse reflux”-type Cameron lesions, mirroring typical erosive reflux lesions at the Z line, may represent a unique, novel endoscopic presentation.

Keywords: Cameron lesions, Gastroesophageal reflux disease, Hiatal hernia, Proton-pump inhibitors.

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CLINICAL REPORT

A 49-year-old female patient presented for outpatient esophagogastroduodenoscopy (EGD) for dyspeptic complaints. While in the lower esophagus the Z line emerged at 34 cm from the incisors without signs of erosive reflux lesions, several reddish linear lesions developed downward into a small type 1 hiatal hernia with the diaphragmatic indentation at 36 cm (Fig. 1A). The latter finding of Cameron lesions was further highlighted by the implementation of image-enhanced endoscopy using linked color imaging (LCI) technology (Eluxeo, Fujifilm), also illustrating minor extension into the stomach along the minor curvature and a trajectorial course along gastric body folds (Fig. 1B). By contrast, the distinct proximal demarcation line of these lesions up to, but not extending the squamocolumnar junction, potentially reflective of differential susceptibility to mechanical and/or chemical irritation relative to histopathological build-up, was clearly demonstrated by prograde (Fig. 1C) and retrograde (Fig. 1D) endoscopic visualization by gentle retroflexion. The patient was successfully treated with proton-pump inhibition as per clinical and endoscopic reassessment.

While Cameron lesions are common, though likewise commonly unappreciated, complications in patients with hiatal hernias, the

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distinct finding of what might be designated as “reverse reflux”-type mirroring typical erosive reflux lesions at the Z line represents a unique and as yet unreported endoscopic presentation.¹

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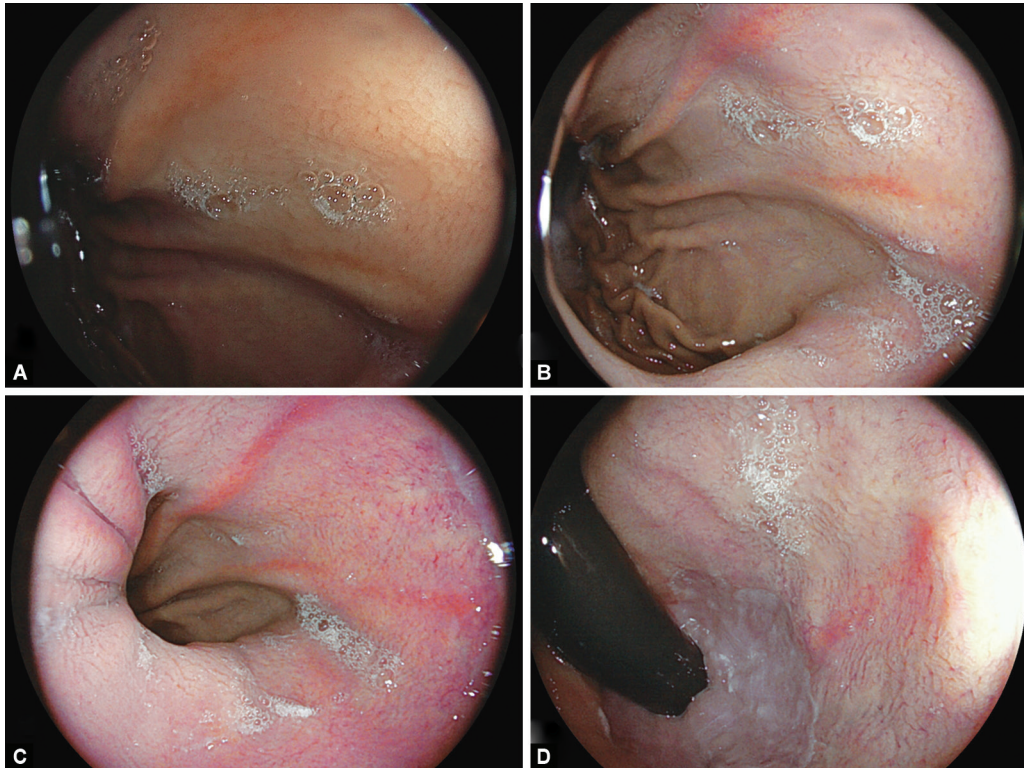


Fig. 1: (A) Reddish linear lesions extending from the unremarkable Z line downward into a small type 1 hiatal hernia. (B) These Cameron lesions highlighted by image-enhanced endoscopy using LCI, illustrating minor gastric extension along the minor curvature and a trajectorial course along gastric body folds. (C and D) A clear-cut oral demarcation line at the level of the Z line in prograde and retrograde visualization