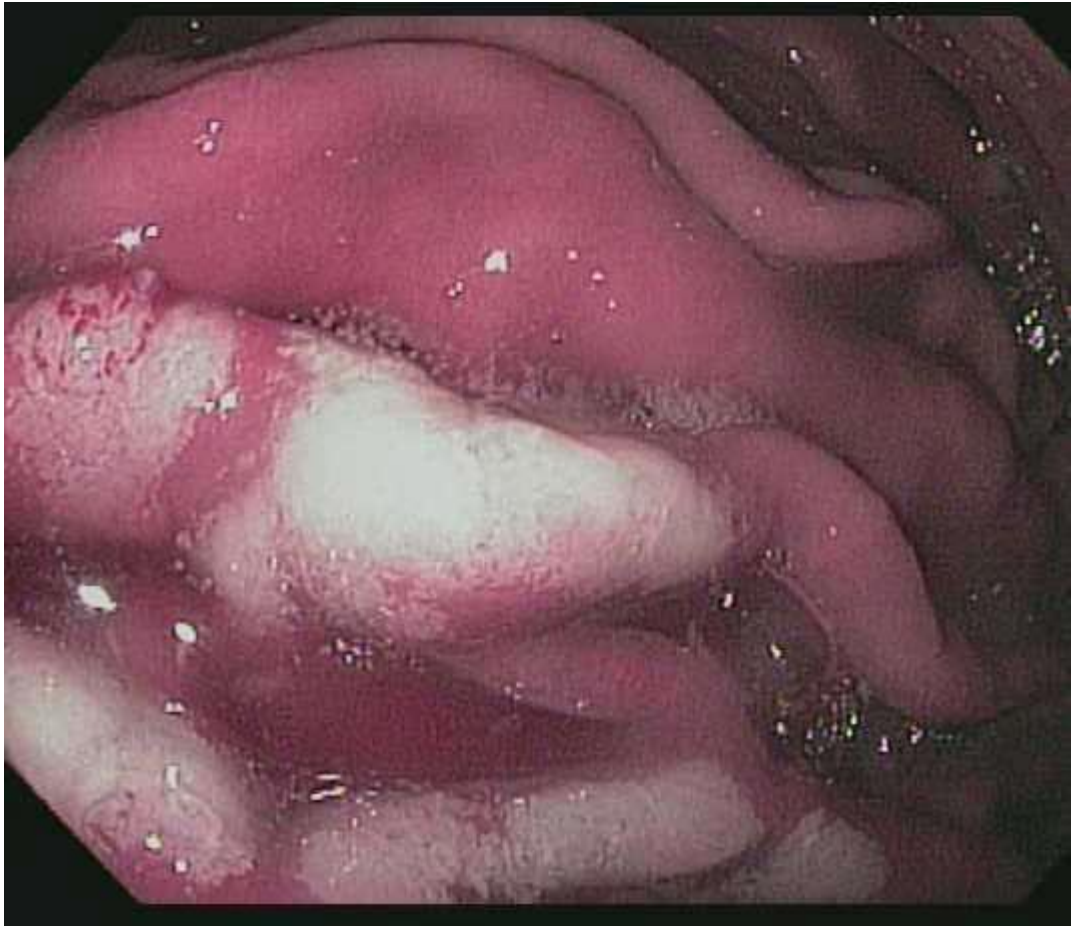
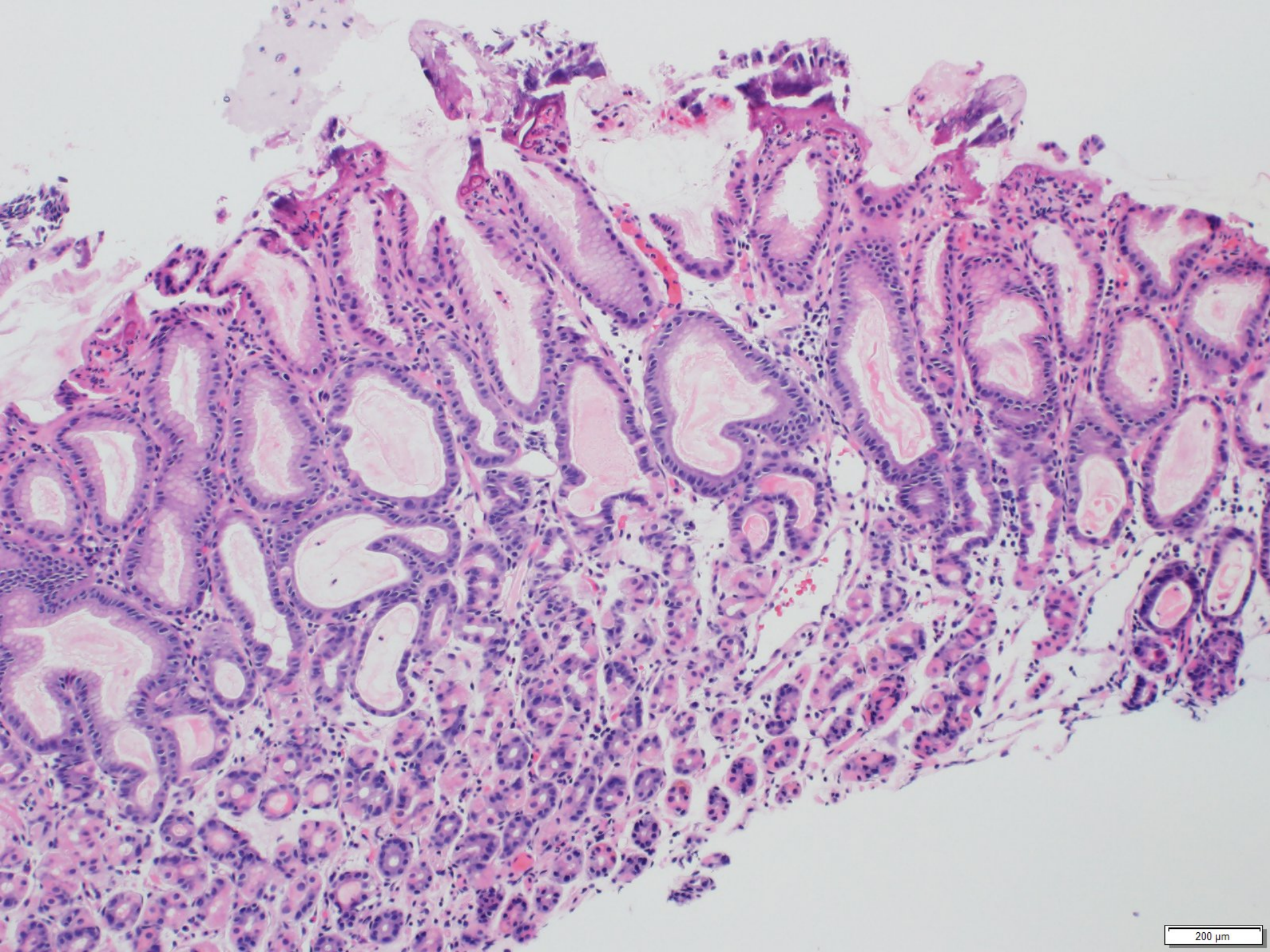
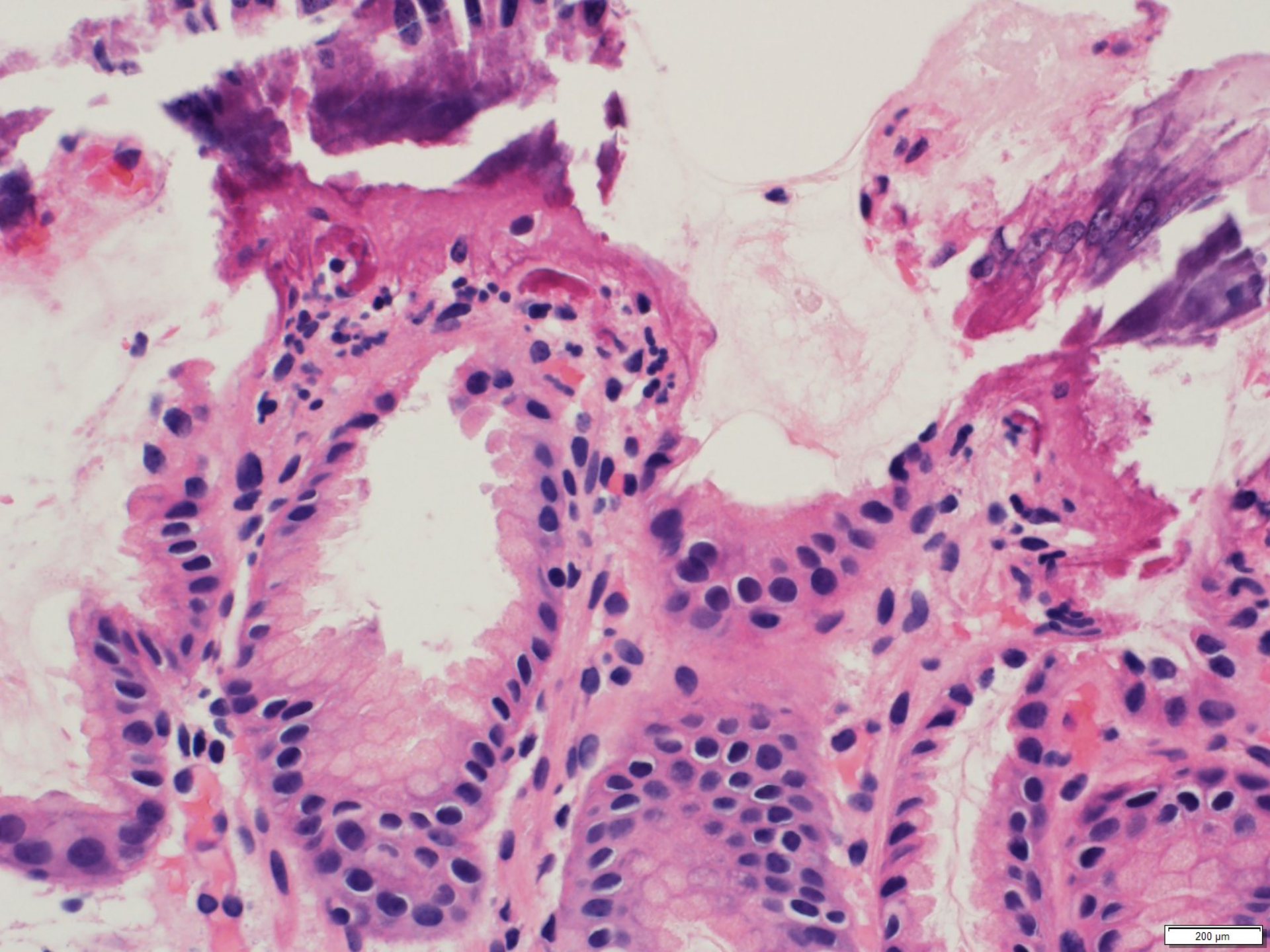
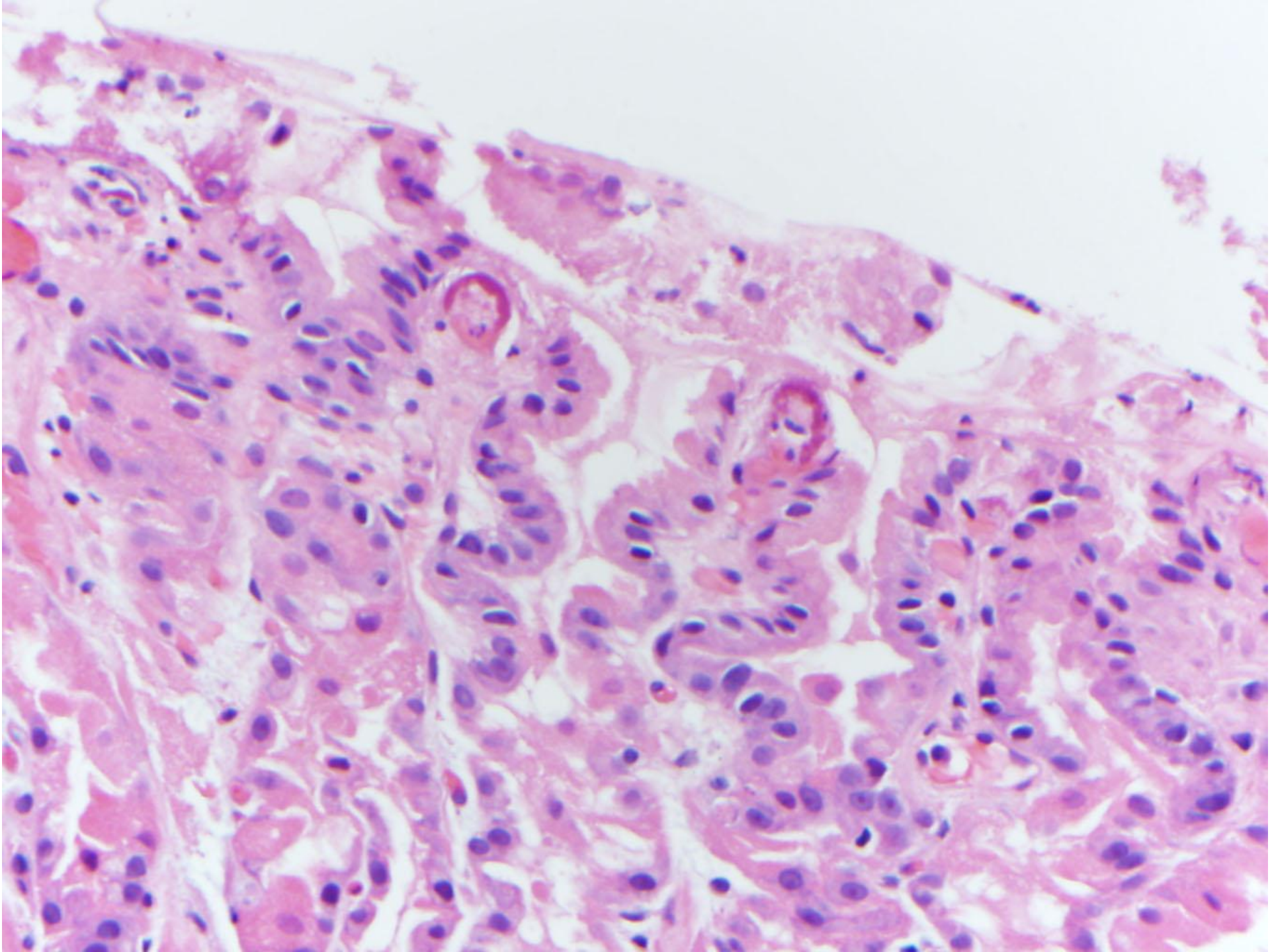


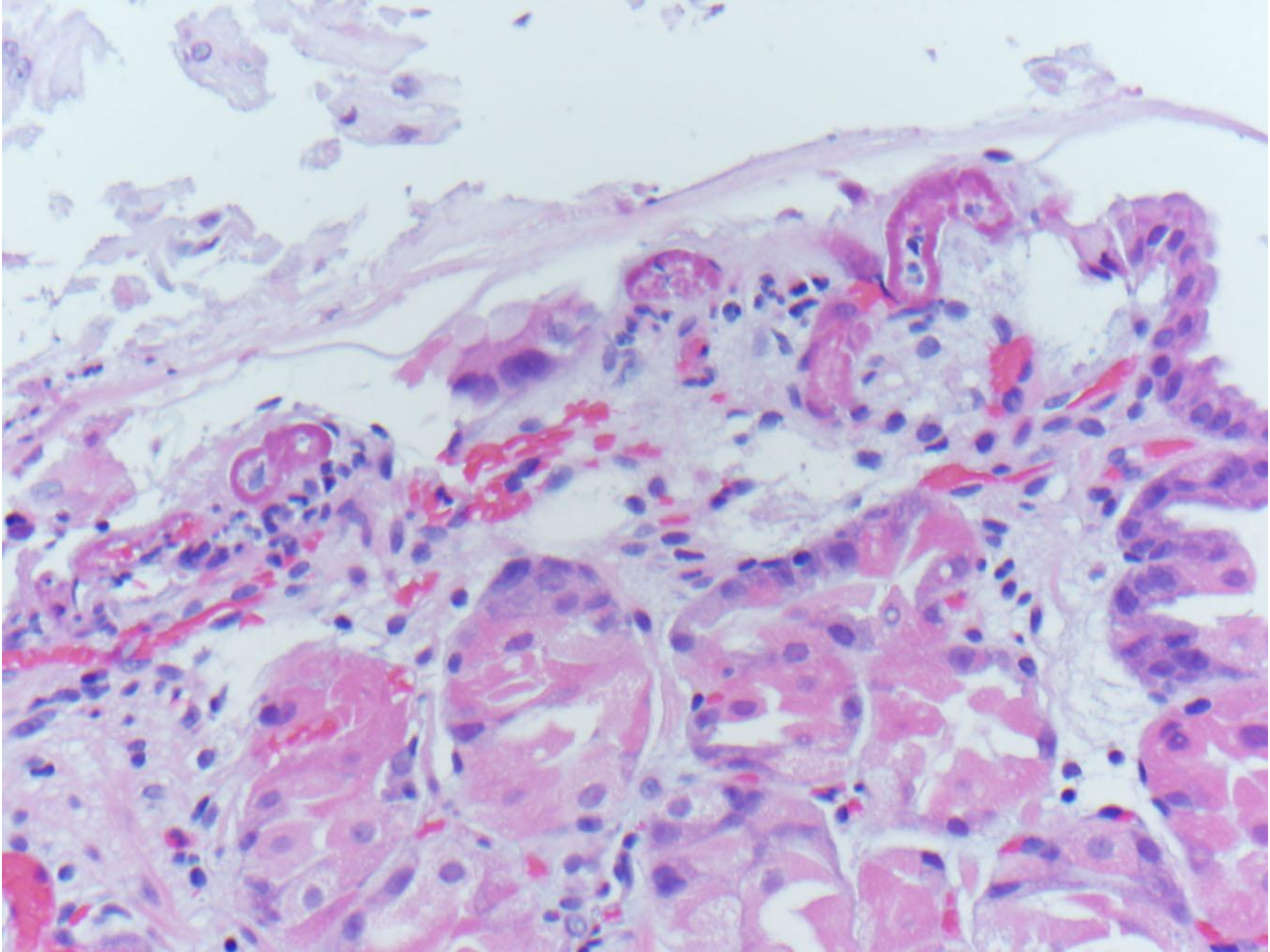
- 55 year old man with epigastric abdominal pain and Barrett esophagus
- Upper GI endoscopy is performed

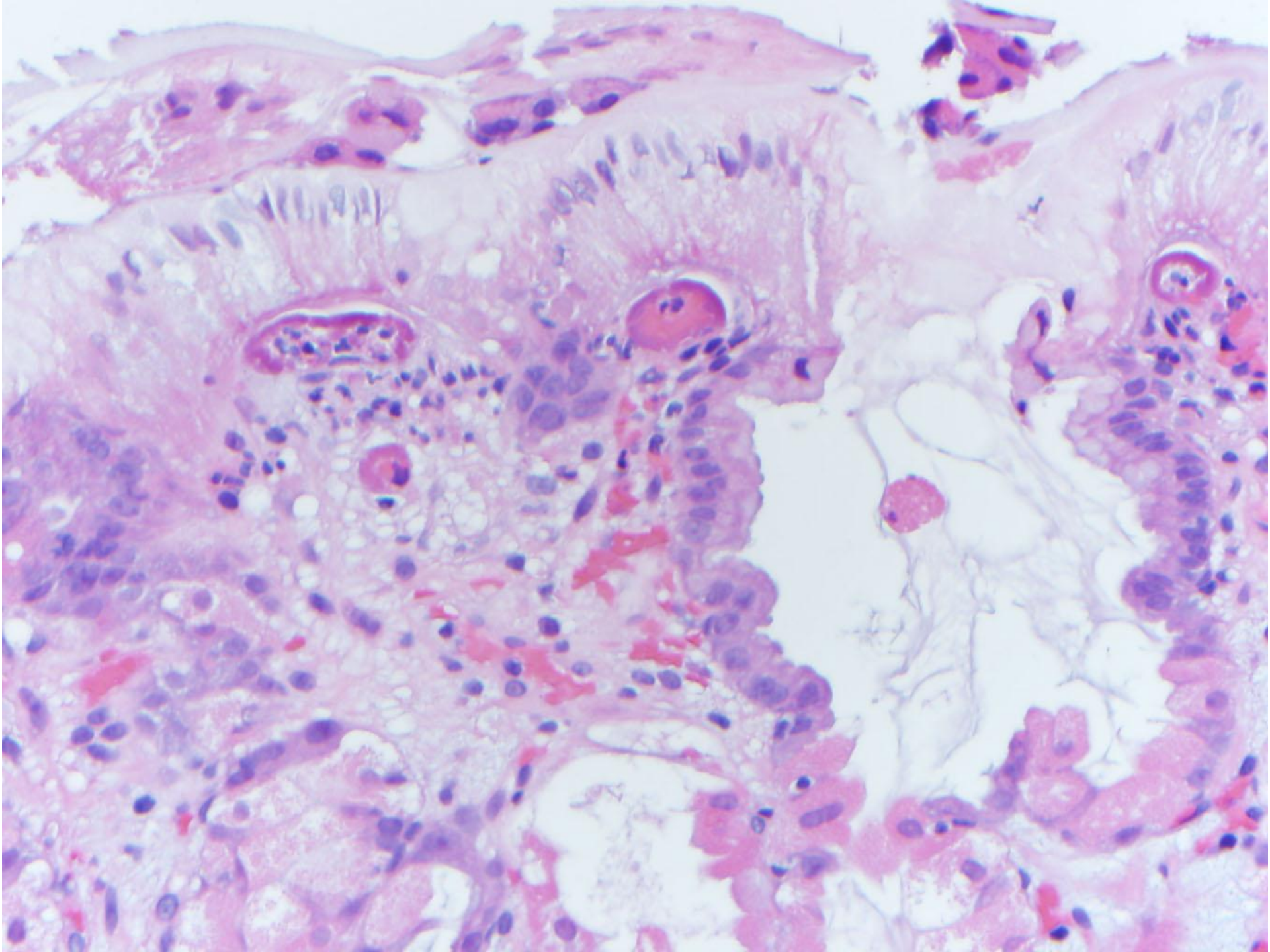


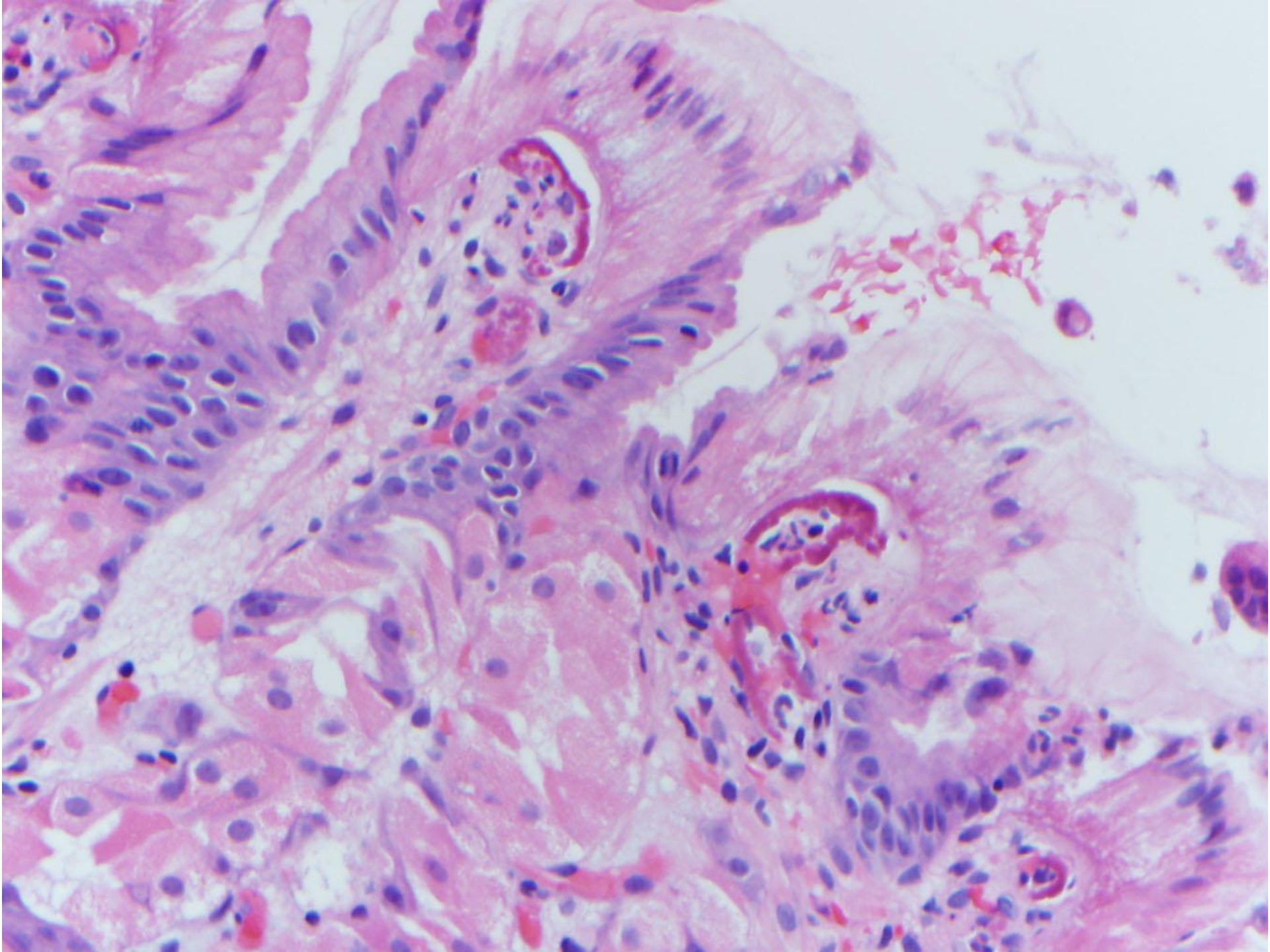














- A drug etiology was suspected by the gastroenterologist because of white coating
- Histologic changes suggested the possibility of doxycycline induced injury
- Doxycycline was stopped and abdominal pain resolved

# Doxycycline toxicity

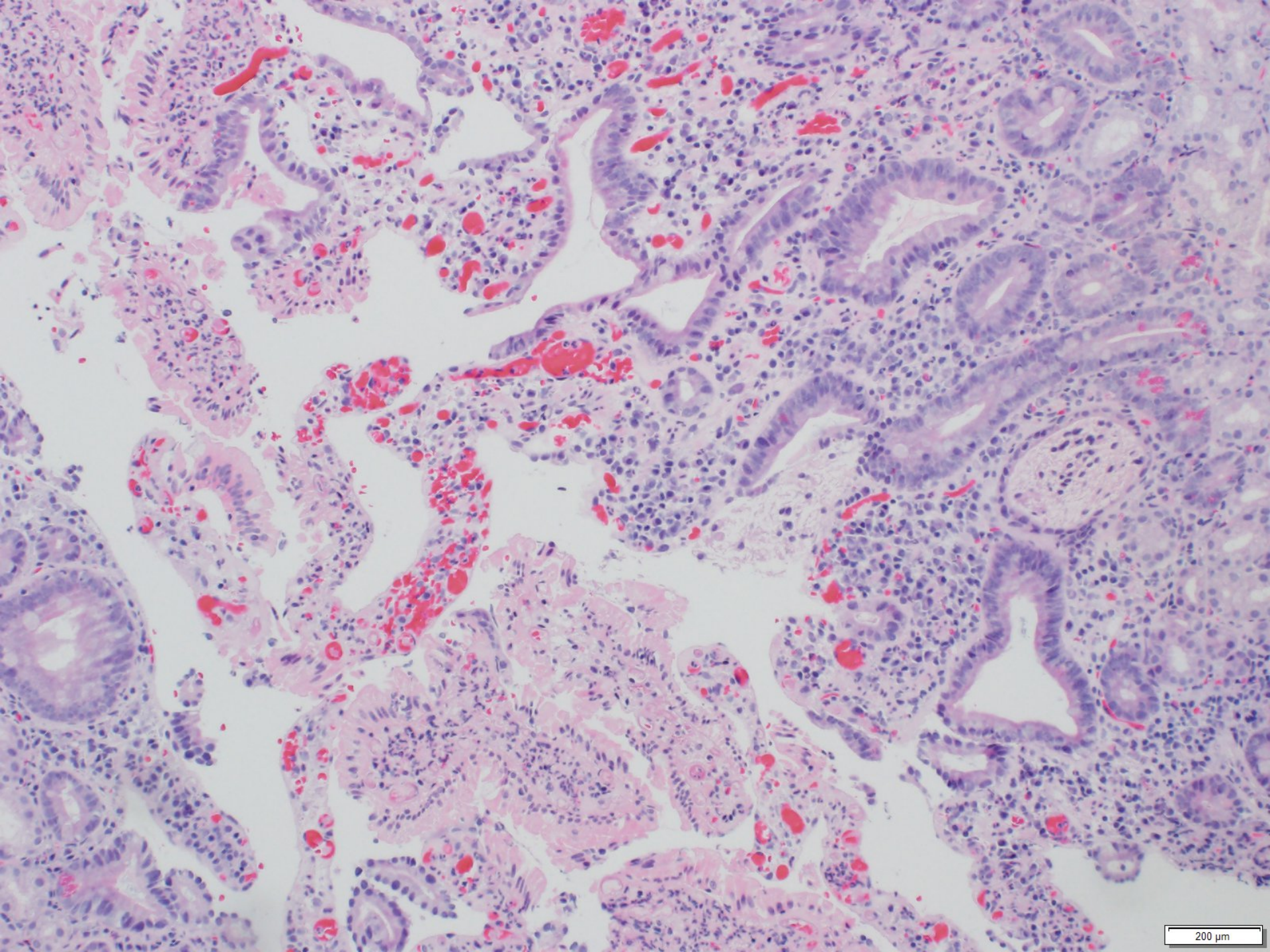
- Esophageal ulcers
- Gastric mucosal injury
  - Xiao et al Am J Surg Pathol 2013;37:259-63
    - Two patients
    - White coated mucosa
    - Reactive gastropathy appearance
    - Superficial mucosal necrosis
    - Degenerative changes in wall of superficial capillaries
    - Capillary microthrombi

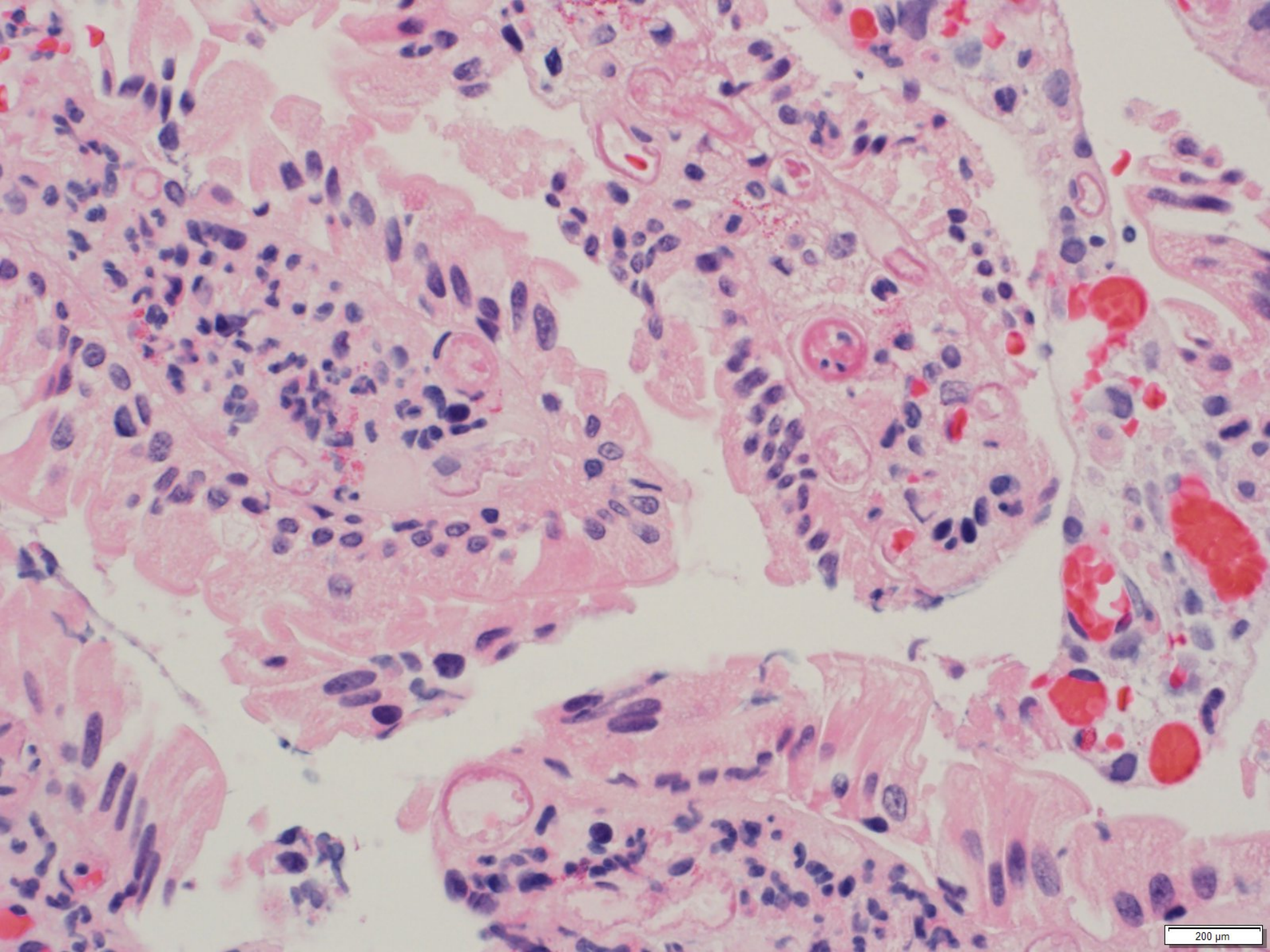
# Doxycycline toxicity

- Esophageal ulcers
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  - Xiao et al Am J Surg Pathol 2013;37:259-63
    - Two patients
    - White coated mucosa
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# Doxycycline gastropathy: Univ. of Utah (Dr. Downs-Kelly, Dr. Zhiyong)

- 4 patients with “doxycycline” in diagnosis or comment
- White coating in one, ulcers and erosions in three
- All had reactive gastropathy and peculiar fibrinoid degeneration of superficial capillaries
- One had similar findings in duodenum
- All on doxycycline (4-54 days)





# Doxycycline-related esophagitis

- Microscopic features of ulcers not well described
- In response to Xiao report, Medlicott et al, Am J Surg Pathol 2013;37:1114-1116 reported
  - Vascular changes in submucosal arterioles
    - Perivascular edema and reactive fibroblasts forming “halos” of stroma with large lymphocytes and endothelialitis
    - Could be mistaken for vasculitis

# Take home points

- Peculiar vascular lesion in stomach apparently associated with doxycycline (certainly consider a drug)
- Perhaps a different vasculitis-like change in the esophagus
- When you see something weird, think about a drug