

Case Report

Esophagitis Caused by Ciprofloxacin; A Case Report and Review of the Literature

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ABSTRACT

Ingestion of ciprofloxacin can be associated with esophagitis and esophageal ulcer. We report a 46-year-old man with odynophagia and dysphagia following ciprofloxacin ingestion, with a glance on diagnosis and treatment. Also, we propose recommendations for prevention of drug-induced esophagitis, according to shape, size, formulation and their etiologic role on esophagitis.

Keywords: Ciprofloxacin, Drug-induced esophagitis, Endoscopy

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INTRODUCTION

Esophagitis of varying degrees and significance is caused by reflux, infections, radiation, and ingestion of chemical agents. Pemberton reported the first case of medication-induced esophageal injury in 1970.(1), Since that time many case reports regarding esophageal injuries caused by drugs have been published;(2-10), however, many physicians and even more patients are not aware of this problem.(11, 12)

Ingestion of ciprofloxacin can be associated with esophagitis and esophageal ulcer(13) and we report a rare case of ciprofloxacin-induced pill-esophagitis. We also discuss about the role of posture, amount of fluid which was drunk in pursuit of medication and risk factors, as well as the diagnosis, prevention and management in the cases of pill-esophagitis.

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CASE REPORT

A case of esophagitis associated with the use of ciprofloxacin is described. A 46-year-old male university professor with no past history of heartburn or dyspepsia, suffered from odynophagia, dysphagia, globus sensation and retrosternal chest pain since 2 weeks before admission to gastrointestinal clinic. The patient started taking ciprofloxacin (500 mg orally, every 12 hours) for chronic prostatitis from 4 weeks ago by taking the drug with a glass of tap water at 7 am and 7 pm both in upright position.

Our accessible Ciprofloxacin is either round, film-coated with diameter of 13 mm or oval, film-coated 20×7 mm pills.

He took oval capsules during the first week but changed them to the round ones for the second week. The complications began gradually 2-3 days after this change and took a week to reach the peak severity (6 out of 10), but remained at this level thereafter. It was not fluctuating. He described his complaint as a bulging foreign body which he could localize as an apparent