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Glucosamine sulfate Esophageal injury Esophageal ulcer Esophagitis

Glucosamine Sulfate-induced Esophageal Injury

ABSTRACT

Drug-induced esophageal injury has been reported since the 1970s. To date, more than 70 drugs have been implicated. A typical symptom is sudden onset of odynophagia or substernal chest pain within a period of hours to days after taking the offending drug. Most patients have rapid clinical improvement after withdrawal of the medication. Endoscopy most commonly reveals 1 or more discrete ulcers with normal surrounding mucosa in the upper or mid-esophagus. Most patients recover with supportive treatment. Herein we report 2 cases of glucosamine sulfate-induced esophageal injury. We suggest a proper method to take medication to prevent such an insult. (N. Taipei J. Med. 2003;5:71-74)

CASE REPORTS

Case 1

A 64-year-old female had osteoarthritis of the right knee for about 6 years. She had taken nonsteroidal anti-inflammatory drugs (NSAIDs) intermittently for symptomatic relief, but had discontinued them for 1 month. Recently, she ingested 2 capsules of glucosamine sulfate (Viartril-S^R, 314 mg) with little water at night, then she lay down within 10 min. She suffered from pain over the upper chest on swallowing the following day. Upper gastrointestinal (UGI) endoscopy revealed multiple ovoid- shaped, sharply demarcated esophageal ulcers with normal intervening mucosa

about 17-20 cm from the incisor (Fig. 1). After taking oral Famotidine 20 mg b.i.d. for 3 days, her symptoms resolved. She refused endoscopic follow-up.

Case 2

A 57-year-old female had suffered from right flank pain for 3 months. She denied NSAIDs treatment for symptomatic relief. She took 2 capsules of Viartril-S^R one night with little water, and then went to sleep 1 hour later. She experienced dysphagia to solid food and a substernal burning sensation the next morning. During UGI endoscopy, she was found to have multiple irregular esophageal ulcers about 25-31 cm from the incisor. The surrounding mucosa was

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