IMAGES IN CLINICAL MEDICINE

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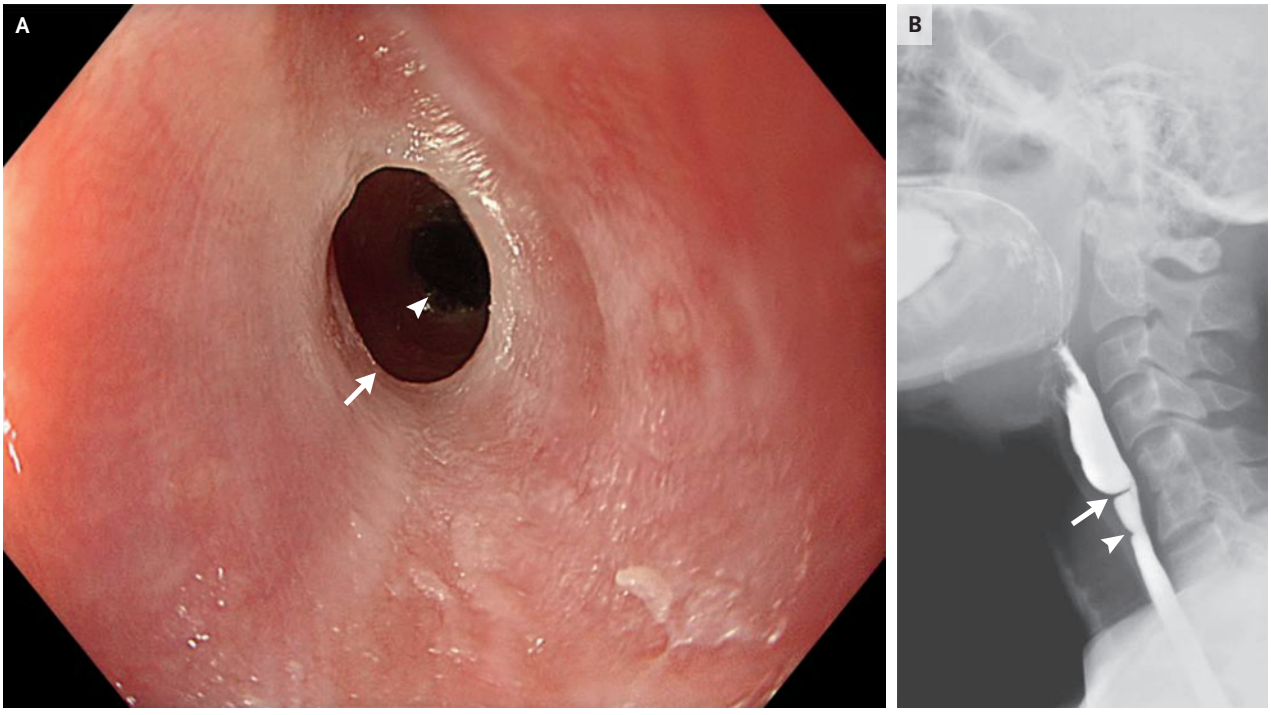
Plummer–Vinson Syndrome



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A 39-year-old woman presented to the internal medicine clinic with a 4-year history of fatigue and progressively worsening dysphagia to solids. She adhered to a vegetarian diet and reported no gastrointestinal bleeding or menorrhagia. Physical examination was notable for conjunctival pallor and koilonychia. Laboratory studies were notable for severe iron-deficiency anemia. An upper endoscopy revealed at least two strictures of the cervical esophagus (Panel A, arrow and arrowhead); the more cranially located stricture could not be passed by the endoscope. A subsequent barium-swallow study identified two esophageal webs, asymmetric membranes that protrude into the lumen of the esophagus (Panel B, arrow and arrowhead), as the cause of the strictures. A diagnosis of Plummer–Vinson syndrome was made, and treatment with intravenous iron supplementation was initiated. Plummer–Vinson syndrome is the triad of iron-deficiency anemia, dysphagia, and esophageal webs. One month after the initial endoscopy, a repeat endoscopy was performed with balloon dilation of the strictures. No source of bleeding was identified, and tissue biopsies to assess for *Helicobacter pylori* infection and celiac disease were negative. A colonoscopy was also negative for sources of bleeding. A video capsule endoscopy of the small bowel was not performed owing to cost. After 3 months of iron therapy, the patient's dysphagia and anemia had resolved.

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