Clinical Photos

Hypopharyngeal Synechiae in Lyell Syndrome (Toxic Epidermal Necrolysis)

Zacharias Vourexakis, MD¹, and Frédéric Heymans, MD¹

No sponsorships or competing interests have been disclosed for this article.

Keywords
Lyell syndrome, complications, hypopharynx, dysphagia

Received February 22, 2015; revised March 16, 2015; accepted March 18, 2015.

Lyell syndrome (LS), or toxic epidermal necrolysis, is a condition characterized by diffuse erythema, acute extensive necrosis, bullous detachment, and exfoliation of large epidermal (>30%) and mucosal surfaces. Its estimated annual incidence is 0.4 to 1.9/10⁶, with etiologies most commonly reported being drug reactions followed by infectious sequelae.¹ Mortality is reported as high as 25% to 30%,² and at least half the survivors may experience long-term sequelae such as cutaneous, ocular, and genitourinary tract complications, as well as dysphagia.³

We report the case of persisting dysphagia in a patient recovering from LS. Case studies involving fewer than 6 individuals are not subject to review by ethical committees in Switzerland; informed consent was obtained from the patient.

Clinical Case
A 28-year-old woman was diagnosed with LS following acetaminophen ingestion. The disease was complicated with pneumonia and severe rhabdomyolysis, resulting in 2 months of inpatient treatment.

Apart from widespread scarring and skin discoloration at discharge (Figure 1), the main complaint in the follow-up period was dysphagia to solid food and, to a lesser degree, dysphagia to liquids and occasional episodes of choking. Physical examination of the oral cavity and the pharynx was unremarkable, and only a nonspecific image of linear stenosis in the hypopharynx was apparent during videofluoroscopy. Direct pharyngoscopy under general anesthesia revealed multiple longitudinal synechiae between the anterior and posterior hypopharyngeal wall mucosa (Figure 2, arrows), leaving narrow passages from the oropharynx to the esophagus (see video at www.otojournal.org. Pharyngeal suspension and endoscopic examination under general anesthesia; the video starts in the esophagus with a 0° telescope slipping upwards, between two mucosal synechiae, to the pharynx).

Suspension pharyngoscopy allowed endoscopic lysis and resection of the synechiae with a CO₂ laser. Oral steroids, proton-pump inhibitors, and antibiotics were prescribed post-operatively. Swallowing improved greatly, and there were no dysphagia-related complaints at the 6-month follow-up visit.

Discussion
Hypopharyngeal dysfunction is rarely reported but should be taken into consideration in patients with LS complaining of persistent dysphagia.⁴ To our knowledge, our pictures represent a rare, if not unique, documentation of hypopharyngeal synechiae in patients recovering from LS. Since

¹Department of Otolaryngology/Head and Neck Surgery, University Hospital of Geneva, Geneva, Switzerland

Corresponding Author:
Zacharias Vourexakis, MD, Department of Otolaryngology/Head and Neck Surgery, University Hospital of Geneva, Rue Gabrielle-Perret-Gentil 4, 1205 Geneva, Switzerland
Email: zkvourexakis@yahoo.com

Figure 1. Diffuse skin scarring on the back of the patient, 5 months after initial diagnosis of Lyell syndrome.
clinical examination and swallowing studies may be inadequate for proper assessment, endoscopy under general anesthesia may be crucial in accurate diagnosis and treatment.

Author Contributions

Zacharias Vourexakis, conception/design of the work, contribution to the acquisition/analysis/interpretation of data, drafting the work and revising it critically for important intellectual content, final approval of the version to be published, agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; Frédéric Heymans, contribution to the acquisition/analysis/interpretation of data for the work, revising the work critically for important intellectual content, final approval of the version to be published, agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Disclosures

Competing interests: None.
Sponsorships: None.
Funding source: None.

Supplemental Material

Additional supporting information may be found at http://otojournal.org/supplemental.

References