

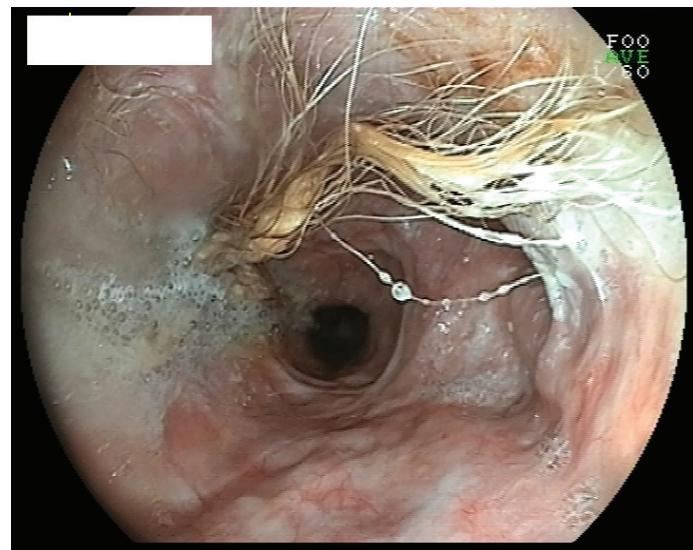
# Hairy Esophagus

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A 77-year-old male patient who had a history of hypertension, ischemic heart disease, Alzheimer's disease, partial gastrectomy secondary to gastric ulcer, and total laryngectomy was admitted to the gastroenterology department for melena. Previously, he was hospitalized in another healthcare facility because of non-ST elevated myocardial infarction. Coronary angiography was performed and dual antiaggregant therapy was initiated without stent placement. Three days later, his stool turned black, and his hemoglobin level dropped to 6 g/dl. With erythrocyte suspension replacement, he was transferred to our department. After hemodynamic stability was achieved, upper gastrointestinal bleeding was suspected, and urgent endoscopy was performed. A bleeding ulcer on the gastroenterostomy anastomosis junction was detected. A combination of adrenaline injection and contact thermal therapy was performed. An interesting finding was also observed in the proximal esophagus. From the esophageal wall, a hair bundle was growing (Figure 1). After the bleeding episode was determined, the patient's history was detailed. Seven years ago, the patient underwent two surgeries for laryngeal cancer, partial esophageal resection, and flap reconstruction (from the right pectoralis muscle). The patient's wife claimed that because of its unsettling appearance, she regularly trims the growing hair within his mouth.

Treatment options for laryngeal cancer include surgery, chemotherapy, and radiotherapy. In recent years, advanced techniques for head and neck surgery have resulted in more radical procedures. Deltopectoral and pectoralis major myocutaneous pedunculated flaps are commonly used after hypopharyngeal or upper esophageal resections.<sup>1</sup> Reconstructed flaps usually keep their outer epithelial part inside because it is more resistant to abrasion. The hair follicles on this part are more prominent in male patients. Within 6-12 months following transplantation, the inner epithelial surface atrophies and hair growth ceases. Despite this, hair growth is reported to persist for 3-6 years after surgery.<sup>2</sup> Seven years after the surgery, hair growth did not cease in the patient.



**FIG. 1.** Hair growing in the upper part of the esophagus (endoscopic view)  
 Patients generally present with a triad of progressive dysphagia, hair spitting, and choking attacks. Dysphagia is the most common complaint reported in the literature.<sup>2-4</sup> These complaints were not observed in our patient.

Bougie dilatation (if stenosis is present), endoscopic hair removal (with scissors or hot biopsy forceps), and radiotherapy have all been reported as treatments.<sup>5,6</sup> Our patient's wife regularly used scissors to trim the hairs inside the patient's mouth.

**Informed Consent:** Informed consent was obtained from the patient.

**Conflict of Interest:** No conflict of interest was declared by the author.



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