

orientación del patólogo para la realización de las técnicas específicas de tinción.

La patogenia de este proceso se debe, en el esófago, a la producción de una quemadura química por un daño erosivo debido al depósito de los cristales de hierro. En el estudio anatomopatológico se podría apreciar la existencia de un material cristalino marrón-azulado-negruzco que recubre el epitelio dañado. Estos datos se pueden poner de manifiesto con la utilización de una tinción específica para el hierro (Perl)⁴.

Estas lesiones se producen normalmente en pacientes ancianos con otros factores de riesgo para la aparición de una esofagitis farmacológica, como la sobredosificación del compuesto, la polimedicación, la disminución en la producción normal de saliva, la ingestión con una cantidad mínima de agua o en decúbito y el retraso en el tránsito normal esofágico por causas mecánicas intraluminales o por compresión extrínseca (p. ej., hipertrofia auricular izquierda), además de por trastornos motores esofágicos^{4,5}.

El tipo de afectación, por otro lado, puede ser discreta^{3,4} o grave, con la producción de ulceraciones profundas, necrosis, hemorragia, estenosis e incluso perforación⁵.

En conclusión, en esta paciente ha sido esencial la sobredosificación del preparado para la producción del daño esofágico. Además, se ha descrito en la bibliografía que este factor se podría asociar con la aparición de lesiones esofágicas graves, como en el caso descrito⁶.

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FE DE ERRORES

DECLARATION OF CONFLICT OF INTEREST

Journal GASTROENTEROLOGÍA Y HEPATOLOGÍA

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Proton pump inhibitors in the treatment of upper gastrointestinal bleeding

Introduction. Key points in the approach to upper gastrointestinal bleeding

Josep M. Piqué

Gastroenterol Hepatol. 2008;31(Supl 2):1-4

Conflict of interest: the author declares he has collaborated with AstraZeneca in educational events promoted by this company and as the Spanish coordinator of the international PUB study.

Approach A: Proton pump inhibitors should be administered to all patients with upper gastrointestinal bleeding during the delay between admission and endoscopy

Fernando Borda Celaya and Ana Borda Martín

Gastroenterol Hepatol. 2008;31(Supl 2):5-9

Conflict of interest: the authors declare they have no conflict of interest.

Approach B: In upper gastrointestinal bleeding, intravenous proton pump inhibitors should only be administered when there are endoscopic signs of a high risk of rebleeding

Javier P. Gisbert

Gastroenterol Hepatol. 2008;31(Supl 2):10-6

Conflict of interest: the author declares he has no conflict of interest.

Conclusion

Josep M. Piqué

Gastroenterol Hepatol. 2008;31(Supl 2):17-8

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Clinical strategy in typical gastroesophageal reflux disease without alarm features

Introduction

Julio Ponce García

Gastroenterol Hepatol. 2008;31(Supl 2):19-22

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Approach A: Empirical treatment with proton pump inhibitors followed by maintenance therapy

Enrique Rey

Gastroenterol Hepatol. 2008;31(Supl 2):23-6

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Approach B: Performing at least one endoscopy before initiating treatment

(Continúa en la siguiente página)

(Continuación)

Manuel Rodríguez-Téllez and María Luisa Morales Barroso

Gastroenterol Hepatol. 2008;31(Supl 2):27-30

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Conclusion

Julio Ponce García

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Combination NSAID and PPI therapy versus COXIBS in patients at risk of gastrointestinal complications

Introduction

Ángel Lanas

Gastroenterol Hepatol. 2008;31(Supl 2):32-3

Conflict of interest: the author declares he is an advisor to Pfizer and participates in Steering committees of studies sponsored by Cogentus and Bayer.

Approach A: Evidence in favor of prescribing selective COX-2 inhibitors

Carlos Martín de Argila de Prados

Gastroenterol Hepatol. 2008;31(Supl 2):34-41

Conflict of interest: the author declares he has no conflict of interest.

Approach B: Evidence for prescribing a traditional NSAID associated with a PPI in patients taking aspirin for cardiovascular prevention

Javier de Teresa Galván

Gastroenterol Hepatol. 2008;31(Supl 2):42-4

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Conclusion

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Special article

Gastroesophageal reflux disease and quality of life

Fermín Mearin

Gastroenterol Hepatol. 2008;31(Supl 2):47-51

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