A 46-year old woman presented with progressive dysphagia to solids for 2 months. On examination she was pale and had glossitis and cheilitis (Fig. 1). The hemogram revealed microcytic hypochromic anemia with anisocytosis and hemoglobin of 5 g/dL (12–14), MCH 20 pg/dL (27–32), MCV68fL (80–95), serum iron 28 μg/dL (50–140), serum ferritin 18 ng/mL (25–250), and total iron binding capacity 490 μg/dL (245–450). A diagnosis of Plummer Vinson syndrome was confirmed by a barium swallow, which showed a 2 mm web in the post cricoid region (Fig. 2). The anemia was corrected with oral hematins and blood transfusion and the web was dilated using an esophagoscope. She is asymptomatic at 9 months on last follow up. Plummer-Vinson (PV) syndrome or sideropenic dysphagia consists of a triad of dysphagia, iron deficiency anemia and esophageal webs. The exact etiology is still under investigation. Clinical features of iron deficiency anemia and barium swallow showing the typical post cricoids web confirms the diagnosis. The symptoms usually resolve by correction of the anemia, however sometimes dilatation of the web may be necessary for relieving the dysphagia. Regular follow up is warranted as it is thought to be a premalignant condition.
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Conflict of interest

None.