



Acute Esophageal Necrosis as a Result of Taking Herbal Medicine



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ABSTRACT

Nowadays People use herbal medicines to try to maintain or improve their health but sometimes they cause side-effects and some herbal drug may also interact with medication. We reported a 37 -year-old man who presented to the emergency department with sever watery diarrhea, vomiting, dysphagia, bicytopenia, renal failure and Acute esophageal necrosis, also known as black esophagus which is a rare syndrome characterized by a striking diffuse circumferential black appearance of the esophageal mucosa that universally affects the distal esophagus, 2-days after use of herbal drug named suranjan. Suranjan is a herbal formulation used to treat Rheumatoid arthritis.

Introduction

Majoon Suranjan is a poly herbal Unani formulation used to treat RA. Although it is widely used, evidence-based toxicity and efficacy data are not available (1) Suranjan (*Colchicum autumnale*) is an important drug of Unani Medicine commonly used in the management of Arthritis. It is mentioned by all renowned Unani authors in their books as a primordial drug in arthritis. Suranjan is a perennial herb belongs to the family Colchicaceae. (2)

Colchicum luteum has been shown to afford symptomatic relief in patients with rheumatoid arthritis in a 90-day trial (3) It is chiefly used to relieve the pain and inflammation and shorten the duration of acute gout and certain gouty infections, but is liable to cause intestinal pain accompanied by vomiting. (4)

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Colchicine poisoning is potentially life threatening because of its high toxicity and unavailability of specific antidote treatment (5)
 Acute necrotizing esophagitis is rare. The exact

etiology is unknown in most cases. (6)
 Esophagitis of varying degrees and significance is caused by reflux, infections, radiation, and ingestion of chemical agents (7)

Case Presentation

A37 -years-old man with no significant past medical history presented to the emergency department with severe watery diarrhea, vomiting and dysphagia. According to the history, watery diarrhea was initiated since 4 days ago and he complained of several episodes of vomiting in this period which was non-bloody and non-bilious. He also mentioned he was anuric in recent four days. He denied any episodes of abdominal pain, fever, weight loss, fatigue, night sweats or chills and hematochezia.

in drug history 2 days before beginning; of symptoms he had taken herbal named suranjan 1 tea spoon for vitiligo treatment.

On physical examination, the blood pressure was 110/85 mm Hg, the pulse rate was 88 beats per minute, and his temperature was 36.6°C.

there was abdominal distention without organomegaly and vitiligo lesions were observed on hands and feet The remainder of the physical examination was unremarkable

results of renal-function tests , liver function test and cbc were abnormal, as were blood levels of vitamin B₁₂, folic acid, electrolytes, calcium, magnesium, glucose, albumin , tsh, and free thyroxine (T₄); other test results are shown in [Table 1](#).

Testing for the human immunodeficiency virus antibody and viral hepatitis was negative

Table 1. Patient Laboratory Findings

wbc	3200	Ca	6.8	Na
pmn	72%	P	7	Viral marker
lymph	9.5%	K	4.7	
Hb	17	mg	1.6	
plt	68000	cr	9.7mg/dl	
INR	1.1	urea	194	
PTT	25	Uric acid	15.2	
AST	133	cpk	890	
ALT	264	alb	4.2	
ALK	187	Total pr	7.2	
Bili	0.7	ESR	52	
LDH	544	crp	51	

On admission to our hospital patient had undergone aggressive hydration but twenty-four-hour urine output monitoring indicated dialysis due to the result of blood creatinine levels of 9.7 mg/dl (normal range 0.5-1 mg/dl) and anuria Furthermore, kidney ultrasonography was performed, which indicated a normal echogenicity of the bilateral kidneys, patient vomiting continued and find dysphagia and retrosternal chest pain The patient had an upper endoscopy the following day. The findings were that of circumferential black areas of necrosis and ulceration involving the entire distal part of the

esophagus and pan esophagitis.

The patient was commenced on pantoprazole and hydration and an abdominal ct scan also done that showed jejunal loop dilation and surgical consult was done that recommended conservative management and high dose ppi and hydration. four day later patient vomiting resolved and after 2-time dialysis had adequate urine output.

At discharge, his creatinine level had come down to 1 mg/dl and cbc and lft to be normalized and in follow up endoscopy 4week later esophagus was normal and pathology of esophageal biopsy was negative for cmv and other infection.

Discussion

Herbal medicine has been used for thousands of years. It is estimated that 80% of world population rely on traditional herbal medicine for primary health care. In recent years, herbal remedies have been considered as dietary supplement for disease prevention and as alternative/complementary medicine. Adverse health effects associated with herbal products could be attributed to both inherent toxic effects of herbal medicine and toxicities induced by adulterants/contaminants. Increasing evidence, regarding side effects of herbal medicine, has highlighted the demand and necessity of toxicological studies for herbal products (8).

In this case, a middle-aged man with a history of Vitiligo, who used suranjan presented with sever

vomiting, necrotizing esophagitis, renal failure and bone marrow suppression and after 2-time dialysis, hydration and conservative management all the symptom improved. there are many potentials causes of necrotizing esophagitis. Consequently, all these potential causes were considered and investigated in our patient and they were all negative.

Studies support the anti-arthritis effects of suranjan (1,2) but no study has examined the side effects. this case showed that use of herbal medicines requires more inspection and study.

Ethical Considerations

Compliance with ethical guidelines

All activities elucidated in the current investigation were carried out in adherence to ethical principles. The patient provided informed consent for the disclosure of their anonymous data in this manuscript.

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Conflict of interest

The authors declared no conflict of interest.

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