Smoker’s melanosis: Isolated pigmented lesion in the laryngopharynx and esophagus

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Question:
A 48-year-old female with a history of chronic smoking and symptoms of weight loss and dyspepsia presented to our hospital to undergo esophagogastroduodenoscopy, which revealed blackish to brown discoloration of the mucosa in the hypopharynx, extending to the vallecula (Figure 1). Esophagogastroduodenoscopy also revealed isolated a blackish to brown patchy lesion in the upper third of the esophagus (Figure 2).

Figure 1. Endoscopic image showing a blackish to brown discoloration of the mucosa in the hypopharynx, extending to the vallecula

Figure 2. Endoscopic image showing an isolated blackish to brown patchy lesion in the upper third of the esophagus

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Answer: Smoker’s melanosis
Smoker’s melanosis is the brown to blackish discoloration of the aerodigestive tract mucosa in the oropharynx, laryngopharynx, and esophagus. Although an isolated lesion of the aerodigestive tract is extremely rare, determining the malignant potential of pigmented lesions is challenging. The current dilemma is whether to pursue tissue diagnosis or close clinical observation with endoscopic surveillance; hence, clinical studies with a large number of cases are required to determine high-risk endoscopic features of such lesions (1,2).

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REFERENCES