**INTRODUCTION:**

Esophageal rings are circumferential membranous ring-like structures that are most commonly found in the distal esophagus. The three known types of esophageal rings are:

1.) Type A, which are found proximal to the esophagogastric junction,
2.) Type B, commonly known as Schatzki rings, are the most common and typically occur at the esophagogastric junction, and lastly,
3.) Type C which are typically found in the distal esophagus and are caused by diaphragmatic crural pressure

Not only are proximal esophageal rings less common, but they are also difficult to diagnose as well. The region just distal to the upper esophageal sphincter (UES) is particularly challenging to visualize, typically initial imaging entails barium esophagogram and/or endoscopy (EGD).

**CASE SUMMARY:**

A 62-year-old male presented with complaints of progressive esophageal dysphagia for a year, initially with liquids only and eventually with both solids and liquids. He was admitted for the same complaints 8 months prior, work-up at that time, including EGD, was unremarkable and he was discharged home with no interventions. Since his previous admission, he began experiencing more frequent episodes of “food being stuck in his throat” and him subsequently regurgitating undigested food. Other pertinent medical history includes alcoholic cirrhosis, arteriovenous malformations, chronic gastritis, and iron deficiency anemia. Computed tomography (CT) of the neck with contrast was obtained and did not show any cause for extrinsic compression. Gastroenterology (GI) service was consulted, they recommended obtaining a barium esophagogram since his EGD during his previous admission was normal.

While the patient was undergoing barium esophagogram, the barium tablet was lost and could not be localized in the esophagus or stomach. In attempts to localize the barium tablet a repeat CT of the neck was done. Repeat CT revealed a focal narrowing in the thoracic esophagus in which the barium tablet could not pass, suggestive of a lumen diameter less than 13 mm (about 0.51 in). With these new findings, GI team decided to proceed with an EGD for further evaluation. EGD was significant for obstructing Schatzki rings in the upper esophagus directly below the upper esophageal sphincter. The patient’s esophagus was particularly difficult to dilate so he was referred to the advanced GI team for management and dilution of his proximal esophageal rings.

**CONCLUSION:**

Esophageal rings are bands of normal esophageal tissue that form constrictions around the esophageal lumen and are almost always found in the lower esophagus. The most common symptoms associated with Schatzki rings are dysphagia and regurgitation of food.

Our patient had a unique presentation considering he had Schatzki rings forming in his upper esophagus just distal to his UES, another unique aspect of this case was how rapidly these relatively large rings developed just in the span of 8 months.

It remains unclear as to what elicited this rapid ring formation in such an unexpected region of his esophagus. Nevertheless, the evaluation of dysphagia requires deliberation as it is a broad differential that entails numerous possibilities of various diagnoses.

**REFERENCES:**


