Table 2 -

Case	Symptom	Location	Biopsy finding	Other organs
Mori S et al (27)	Dysphagia, heartburn , vomiting , weight loss	Thoracic esophagus, esophageal stricture	Lymphoplasmacytic infiltration Scattered lymphoid follicles and eosinophils, IgG4/IgG > 40%	No associated involvement ,isolated IgG4
Lee H et al(28)	Dysphagia ,weight loss	Mid esophagus , ulceration , stricture	Dense lymphoplasmacytic infiltration Lymphoid follicles Stromal sclerosis	Isolated IgG4 lesion
Dumas-Campagna M et al (29)	Odynophagia , dysphagia	Distal esophagus , ulcer ,stricture	Dense lymphoplasmacytic infiltration inflammatory fibrinous exudate with granulation tissue Few IgG4+ plasmacytic	PBC , PSS , Raynaud , asthma
Lopes et al (30)	Dysphagia , weight loss	Distal esophagus , tumor	Lymphoplasmacytic infiltration Venulitis	Isolated
Oh JH et al (31)	Progressive dysphagia	Cervical esophagus , massive stricture	Numerous plasma cells and eosinophils	-
Obiorah I - 8 patients (32)	Dysphagia , GERD , epigastric pain	3- esophageal stricture , 1- erosion , 1- nodule , 1- unremarkable	All patients had higher lymphoplasmacytic infiltrate 3P- obliterative phlebitis	None = (isolated IgG4+ lesion
Podboy J et al - 29 patients(33)	Dysphagia	Fibrostenotic – mild or severe	10/29 patients = IgG4 staining positive, and 3 of them with dense IgG4 deposits	Esophageal lichen planus (non typical IgG4+ lesion)
Zukerberg L et al - 21 patients(34)	Food impaction Vomiting Asthma eczema, allergic rhinitis Furrows white patch	Eosinophilic esophagitis	16/21 patients-showed intra-squamous extracellular IgG4 deposits	Eosinophilic esophagitis (non typical IgG4+ lesion)

Table 2 - A detailed description of oesophagal IgG4 in different case reports or series is listed in table 2.