Eosinophilic Esophagitis Remains Enigma in Adults

BY BETSY BATES
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LOS ANGELES — Nearly 10% of patients with noncardiac chest pain had a diagnosis of hiatal hernia and almost 20% had esophageal erosions when they underwent upper endoscopy as part of their work-ups at 76 community, university, and Veteran Affairs hospitals and military hospitals.

“Unlike what is commonly accepted, esophageal findings are relatively common in patients with noncardiac chest pain,” Dr. Ram Dickman said at the annual Digestive Disease Week.

Previous thinking about the prevalence of esophageal findings in patients with noncardiac chest pain (NCCP) was guided by one study representing a single center’s experience. In that study, fewer than 10% of NCCP patients had esophageal findings on upper endoscopy, said Dr. Dickman of the Neuro-Enteric Clinical Research Group in the gastroenterology section at the Southern Arizona VA Health Care System and University of Arizona Health Sciences Center, Tucson.

To offer a more representative analysis, Dr. Dickman and his associates retrospectively compared the endoscopic results of 3,688 consecutive inpatients undergoing upper endoscopy for NCCP with the records of 32,981 consecutive patients who underwent the same examination for reflux symptoms.

The NCCP group included more female patients, nonwhites, and patients aged 60 or older.

As expected, patients with reflux symptoms were significantly more likely to have esophageal findings on endoscopy. Barrett’s esophagus was more than twice as prevalent in reflux patients and esophageal erosion was 1.5 times as common, compared with patients with NCCP.

Indeed, the most common finding on endoscopy reports for NCCP patients was “irregular,” seen in 44%.

Nonetheless, among patients with NCCP, hiatal hernia was found in 28.6%, esophageal erosion in 19.4%, Barrett’s esophagus in 4.4%, and stricture or stenosis in 3.6%. Upper gastrointestinal tract tumors were found in just 0.2% of the NCCP patients, with a similarly low rate found in patients with reflux symptoms.

The decision to scope a patient with NCCP may be guided by predictive risk factors, and whether a certain finding would alter management of the patient, Dr. Dickman said.

For example, males and VA or military hospital patients with NCCP had an increased likelihood of having Barrett’s esophagus and male gender was also a risk factor for esophageal erosions. Older patients and those seen in a VA or military hospital were more likely to have a peptic stricture.

Eventually, the esophagus may have a “firm, woody feel,” Dr. Katzka said. Debate rages as to whether a person with a normal-appearing esophagus can have the disease. Dr. Katzka said he believes it is possible.

The peripheral eosinophil count is normal in about 90% of patients. Although all patients have not done in adults to direct management, Dr. Katzka recommends RAST testing, patch testing, and skin testing to try to identify an allergen or combination of allergens that may be responsible. However, he warned of an “imprecise correlation between skin, blood, and esophageal findings” and said some adult patients do not respond to avoidance of known allergens.

The biggest problem is convincing patients to avoid foods that may be contributing to the condition. “It is very hard to convince teens and adults to go on an elemental diet and avoid pizza and beer and all of these things they like to eat on a regular basis,” he said.

In children, treatment with steroids, leukotriene inhibitors, and mast cell stabilizers have been shown effective. In adults, “we’re flying by the seat of our pants” in regard to treatment, he said.

He recommends a 2-month course of fluticasone propionate and possibly, maintenance with montelukast, noting that the peripheral eosinophil count is normal in about 90% of patients with eosinophilic esophagitis. “Certainly this is a new kid on the block, but this is clearly a distinct entity with a genetic predisposition,” he said.

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