

Eosinophilic Esophagitis



Eosinophilic esophagitis (EE) is an increasingly common disease of the esophagus. It is characterized by a dense esophageal eosinophilia with severe squamous epithelial hyperplasia generally occurring in association with upper gastrointestinal symptoms.

These include:

- Dysphagia
- Food impaction
- GERD refractory to medical management

Additional information at digestivehealth.ws/EE.html

Diagnostic Guidelines:

- Clinical symptoms of esophageal dysfunction.
- > 15 Eosinophils/hpf in biopsies of the esophagus.
- Lack of responsiveness to high-dose proton pump inhibitor therapy.
- Often a history of asthma or atopic dermatitis.

Endoscopic Features Associated with EE:

- Linear furrowing, vertical lines of the esophageal mucosa.
- White exudates, white specks, nodules, granularity.
- Circular rings, transient or fixed, felinization.
- Linear shearing/crepe paper mucosa with passage of endoscope or dilator.
- Stricture: proximal, middle or distal.

Treatment:

- Acid suppression: useful as a co-therapy and can alleviate symptoms.
- Topical corticosteroids: e.g. Fluticasone; MDI powder administered without a spacer, is swallowed, not inhaled.
- Systemic corticosteroids: in emergent cases such as dysphagia requiring hospitalization; long-term use is not recommended.
- Esophageal dilatation: for strictures; with caution due to a much higher risk of mucosal perforation.

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a happy
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New Year!**

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