32 MANAGING PATIENTS WITH EOSINOPHILIC ESOPHAGITIS – EXPERIENCE OF A TERTIARY REFERRAL CENTER

Carvalho JR, Fernandes S, Carrilho-Ribeiro L, Velosa J

BACKGROUND: Eosinophilic esophagitis (EE) is a chronic inflammatory disorder affecting the esophagus. As inflammation progresses to fibrosis, patients present with dysphagia and food impaction. The natural history of EE remains largely unknown.
AIMS: We sought to report our experience diagnosing and managing patients with EE.
METHODS: This was an observational, single center study, including patients diagnosed with EE between 2004 and 2015. We evaluated clinical, endoscopic, histologic data and response to treatment.
RESULTS: Thirty seven patients (67.6% male) had proven EE and were included in the study. Mean age at diagnosis was 34±13.4 years. Most patients presented with dysphagia (89%) and 49% had at least one previous episode of food impaction. Most patients (73%) reported a personal history of atopy. Esophageal trachealization was found in 46% patients at endoscopy, but up to 20% had no abnormal findings. Eosinophilic infiltration was present in all patients. Treatment included topical swallowed steroids (73%), proton pump inhibitors (27%) and endoscopic dilation (5%). Symptomatic improvement occurred in 97% of patients. In 41% of the cases follow-up endoscopy with biopsies was not performed. In 77% of those cases, histological improvement with reduction in the number of eosinophils was demonstrated. Despite symptomatic improvement, 23% of the patients had persistent histological inflammation.
CONCLUSION: Clinical, endoscopic and histological findings were similar to those reported in literature. As most biopsies were performed in patients with abnormal endoscopic findings, EE might remain underdiagnosed. Most patients responded to medical management. The importance of persistent histologic inflammation remains unknown in asymptomatic patients.

Serviço de Gastrenterologia e Hepatologia, Hospital de Santa Maria, Centro Hospitalar Lisboa Norte