



Eosinophilic oesophagitis Review of literature

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Abstract:

This article reviews the published literature on the topic eosinophilic oesophagitis. This is actually a recent entity. Diagnosis of this condition depends on the awareness of the treating physician. Diagnosis is actually made after excluding the diagnosis of GERD and demonstration of more than 50 eosinophils / high power field in the mucosal specimen studied. These patients respond well to topical / systemic steroids. Oesophageal dilatation may be needed to treat patients with severe degree of dysphagia which is fortunately rare.

Introduction:

Eosinophilic oesophagitis¹ is a relatively new disease entity. It is characterised by chronic / intermittent dysphagia, reflux like symptoms and intermittent oesophageal food impaction. This condition was first reported by Landres in 1978². In 1993 Attwood and DeMeester reported 12 cases of dysphagia with no evidence of anatomic obstruction. They also reported dense eosinophilic infiltrates in the oesophagus. Attwood hence applied the criteria of presence of more than 20 eosinophils / high power field as histological criteria for diagnosing this condition³.

Incidence:

True incidence of this disorder is still uncertain⁴. Review of literature puts this figure as high as 1%⁵. It is more common in men than in women. Male : female ratio is 3:1. Age of presentation may vary between 2nd – 4th decades.

Conditions associated with oesophageal eosinophilia:⁶

1. Eosinophilic oesophagitis
2. GERD
3. Collagen vascular disorders
4. Parasitic infections
5. Eosinophilic gastroenteritis

Pathophysiology of eosinophilic oesophagitis:

1. This is a primary disorder involving oesophagus
2. Biopsy of oesophageal mucosa should contain atleast 50 eosinophils / high power field.
3. There should not be associated eosinophilic infiltration of stomach / intestine.
4. Eosinophilic microabscess can be seen in the oesophagus extending up to its lumen
5. The caliber of oesophageal lumen is drastically reduced.
6. Asthma / atopia +
7. Peripheral eosinophilia common

Endoscopic features:

Linear furrowing of oesophageal mucosa.

Presence of white plaques / exudates

Presence of concentric rings / strictures of oesophageal mucosa.

Appearance of crepe paper mucosa is diagnostic.

Multiple biopsies should be studied before a categorical diagnosis of this condition could be made.

Multiple biopsy specimen increases the accuracy of diagnosis.

Diagnosis of eosinophilic oesophagitis should not be made until GERD has been categorically ruled out by performing ambulatory pH testing or performing repeat biopsy after a 8 week trial course of proton pump inhibitor.

Clinical features:

1. Abdominal pain
2. Chest burns
3. Dysphagia
4. These patients are very slow eaters

Classification of eosinophilic oesophagitis:

Vasilopoulos⁷ proposed the first classification of eosinophilic oesophagitis.

Type I : Early small caliber oesophagus

Type II: Advanced small caliber oesophagus

Type III: Ringed oesophagus

Management:

1. Avoidance of food allergen
2. Topical steroids
3. Oral steroids
4. Leukotriene inhibitors

Oesophageal dilatation is reserved for patients with extreme dysphagia

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