



## Eosinophilic Esophagitis

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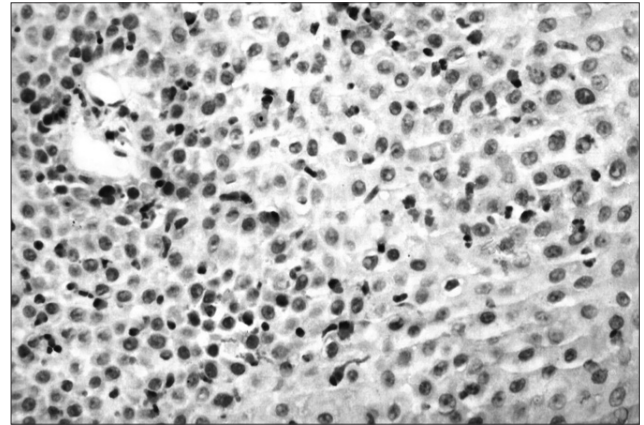
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IMAJ 2006;8:587

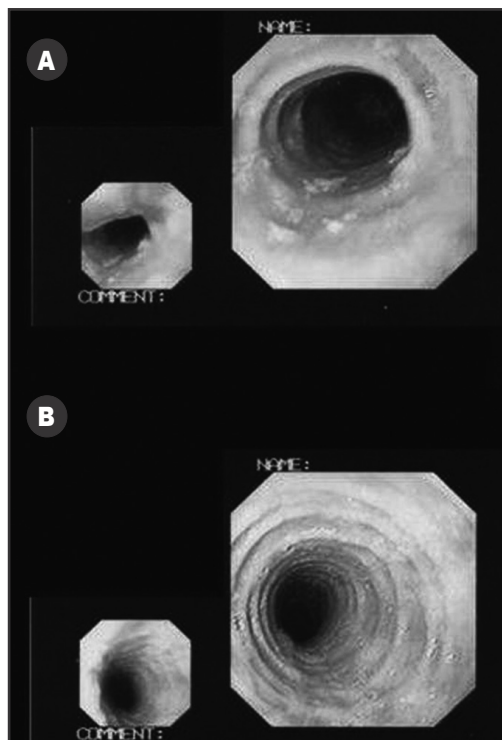
A 34 year old man was admitted to hospital because of recurrent episodes of food impaction. He had complained of dysphagia to solids for several months. On endoscopy a bolus of meat was removed. A corrugated esophagus with ring-like structures and whitish exudates between areas of edema was seen [Figure 1A and 1B].

Manometry revealed high biphasic peristaltic waves in the esophageal body.

Esophageal biopsies showed basal hyperplasia with numerous intraepithelial eosinophils, diagnostic of eosinophilic esophagitis [Figure 2]. The patient was treated with fluticasone propionate and montelukast sodium with symptomatic improvement.



**Figure 2.** Basal hyperplasia with numerous intraepithelial eosinophils (> 24/high power field)



**Figure 1.** [A] Whitish exudates between areas of edema in the esophagus. [B] A corrugated esophagus with ring like structures.

Eosinophilic esophagitis is a chronic inflammatory disorder, which is characterized by dense (> 24/high power field) eosinophilic infiltration of esophageal epithelium or deeper tissue layer [1]. In adults, it typically affects males aged 20–40 years with a history of asthma, environmental allergy, or atopy. The most characteristic symptom of eosinophilic esophagitis is dysphagia [2,3], which is noted to be longstanding and resistant to acid-reducing medications. Food impaction is often the initial symptom. Typical endoscopic features are granularity, corrugations (concentric rings) and a speckled pattern of whitish exudates occurring in patches or distributed along the esophagus. Therapy includes elimination diets,

topical or systemic steroids, and montelukast sodium.

### References

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