



Eosinophilic Esophagitis

Ariella Bar-Gil Shitrit MD¹, Constantin Reinus MD², Sophia Zeides MD¹ and Dan Braverman MD¹

Departments of ¹Gastroenterology and ²Pathology, Shaare Zedek Medical Center, Jerusalem, Israel

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.

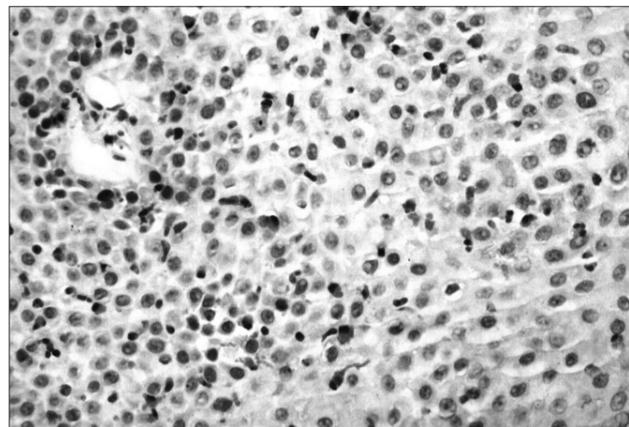


Figure 2. Basal hyperplasia with numerous intraepithelial eosinophils (> 24/high power field)

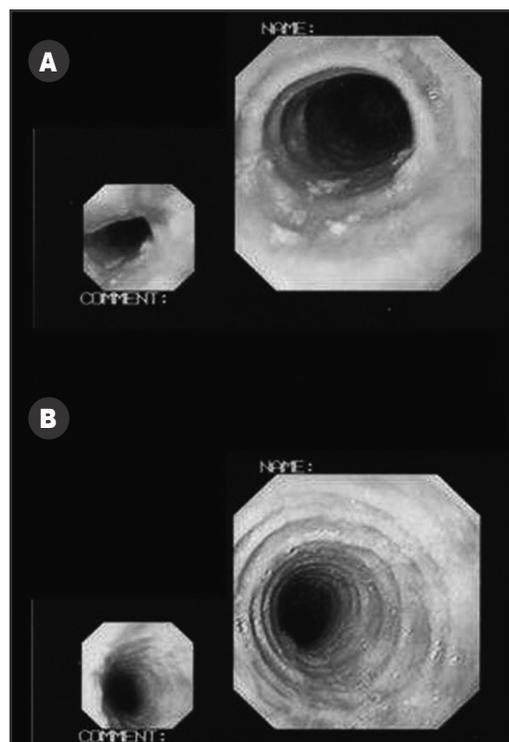


Figure 1. [A] Whitish exudates between areas of edema in the esophagus. [B] A corrugated esophagus with ring like structures.

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

1. Straumann A, Sphichtin HP, Grize L, Bucher KA, Beglinger C, Simon HU. Natural history of primary eosinophilic esophagitis: a follow-up of 30 adult patients for up to 11.5 years. *Gastroenterology* 2003;125(6):1660–9.
2. Fox VL, Nurko S, Furuta GT. Eosinophilic esophagitis: it's not just kid's stuff. *Gastrointest Endosc* 2002;56(2):260–8.
3. Potter JW, Saeian K, Staff D, et al. Eosinophilic esophagitis in adults: an emerging problem with unique esophageal features. *Gastrointest Endosc* 2004;59(3):355–61.

Correspondence: Dr. A. Bar-Gil Shitrit, Dept. of Gastroenterology, Shaare Zedek Medical Center, Jerusalem 94342, Israel.
Phone: (972-2) 655-5116
Fax: (972-2) 654-0744
email: davariel@zahav.net.il