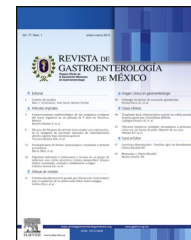




REVISTA DE
GASTROENTEROLOGÍA
DE MÉXICO

www.elsevier.es/rgmx



REVIEW ARTICLE

Esophageal motility in eosinophilic esophagitis[☆]



A.H. Weiss, N. Iorio, R. Schey*

Departamento de Medicina, Sección de Gastroenterología, Temple University Hospital, Philadelphia, PA, EUA

Received 12 May 2015; accepted 26 May 2015

Available online 12 September 2015

KEYWORDS

Eosinophilic
esophagitis;
Motility disorder

Abstract

Background: Eosinophilic esophagitis (EoE) is characterized by eosinophilic infiltration of the esophagus and is a potential cause of dysphagia and food impaction, most commonly affecting young men. Esophageal manometry findings vary from normal motility to aperistalsis, simultaneous contractions, diffuse esophageal spasm, nutcracker esophagus or hypotonic lower esophageal sphincter (LES). It remains unclear whether esophageal dysmotility plays a significant role in the clinical symptoms of EoE.

Aim: Our aim is to review the pathogenesis, diagnosis, and effect of treatment on esophageal dysmotility in EoE.

Methods: A literature search utilizing the PubMed database was performed using keywords: eosinophilic esophagitis, esophageal dysmotility, motility, manometry, impedance planimetry, barium esophagogram, endoscopic ultrasound, and dysphagia.

Results: Fifteen studies, totaling 387 patients with eosinophilic esophagitis were identified as keeping in accordance with the aim of this study and included in this review. The occurrence of abnormal esophageal manometry was reported to be between 4 and 87% among patients with EoE. Esophageal motility studies have shown reduced distensibility, abnormal peristalsis, and hypotonicity of the LES in patients with EoE, which may also mimic other esophageal motility disorders such as achalasia or nutcracker esophagus. Studies have shown conflicting results regarding the presence of esophageal dysmotility and symptoms with some reports suggesting a higher rate of food impaction, while others report no correlation between motor function and dysphagia.

Conclusions: Motility dysfunction of the esophagus in EoE has not been well reported in the literature and studies have reported conflicting evidence regarding the clinical significance of dysmotility seen in EoE. The correlation between esophageal dysmotility and symptoms of

[☆] Please cite this article as: Weiss AH, Iorio N, Schey R. La motilidad esofágica en la esofagitis eosinofílica. Revista de Gastroenterología de México. 2015;80:205–213.

* Corresponding author. Section of Gastroenterology Temple University Hospital, 3401 N. Broad Street, Philadelphia, PA.

Tel.: +215 707 9900; fax: +215 707 2684.

E-mail address: Ron.Schey@tuhs.temple.edu (R. Schey).

PALABRAS CLAVE

Esofagitis
eosinofílica;
Trastorno de
motilidad

EoE remains unclear. Larger studies are needed to investigate the incidence of esophageal dysmotility, clinical implications, and effect of treatment on patients with EoE.

© 2015 Asociación Mexicana de Gastroenterología. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

La motilidad esofágica en la esofagitis eosinofílica

Resumen

Antecedentes: La esofagitis eosinofílica (EE) se caracteriza por la infiltración de eosinófilos en el esófago y es una causa potencial de disfagia e impactación alimentaria que en general afecta a jóvenes adultos. Los resultados obtenidos con la manometría esofágica son variados, y se ha observado motilidad normal y aperistaltis, contracciones simultáneas, esófago en cascanueces o esfínter esofágico inferior hipotónico. Aún no está claro si la dismotilidad esofágica desempeña un papel importante en los síntomas clínicos de la EE.

Objetivo: Revisar la patogenia, el diagnóstico y el efecto del tratamiento de la dismotilidad esofágica en la EE.

Métodos: Se llevó a cabo una búsqueda de la bibliografía médica en PubMed utilizando los términos "esofagitis eosinofílica", "dismotilidad esofágica", "motilidad", "manometría", "impedancia planimétrica", "esofagograma con contraste de bario", "ultrasonido endoscópico" y "disfagia".

Resultados: Se identificaron 15 estudios que se ajustaban al objetivo, que incluyeron a 387 pacientes con esofagitis eosinofílica, y se incluyeron en esta revisión. La incidencia de manometría esofágica anormal reportada en los pacientes con EE fue del 4 al 87%. Estudios de motilidad esofágica han mostrado distensibilidad reducida, peristaltismo anormal e hipotonicidad del esfínter esofágico en pacientes con EE, que a la vez pueden mimetizar otros trastornos de motilidad esofágica, como la acalasia o el esófago en cascanueces. Los estudios han mostrado resultados contradictorios en relación con la presencia de dismotilidad esofágica y síntomas; así, hay reportes que sugieren tasas elevadas de impactación alimentaria mientras que otros no muestran ninguna relación directa entre la función motora y la disfagia.

Conclusiones: La disfunción de la motilidad esofágica en EE no se ha reportado en profundidad en la bibliografía y algunos estudios muestran evidencia contraria en cuanto a la importancia clínica de la dismotilidad observada en la EE. La correlación entre la dismotilidad esofágica y los síntomas de EE permanece aún poco clara. Se requieren estudios más amplios para investigar la incidencia de la dismotilidad esofágica, sus implicaciones clínicas y el efecto del tratamiento en pacientes con EE.

© 2015 Asociación Mexicana de Gastroenterología. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Eosinophilic esophagitis (EoE) is a disease characterized by esophageal dysfunction and histologic evidence of eosinophilia and inflammation first described nearly 80 years ago.¹ In 1977, Dobbins et al. described an association with atopy in a patient with a history of asthma and hay fever who presented with dysphagia and normal upper gastrointestinal imaging.² The following year, Landres et al. reported a second patient with an allergy to trimethoprim/sulfamethoxazole and vigorous achalasia found to have marked eosinophilic infiltration into the submucosa of the esophagus.³ Currently, more than 200 cases have been reported with a recent increase in prevalence, which may be partially attributed to clinical awareness of the disease. EoE has been described in North American and European

populations with prevalence varying from 0.4% in an open population to 6.5% in subjects with esophageal symptoms, though it is still considered somewhat more unusual in Latin American populations with a recent Mexican study finding a prevalence of 1.7% amongst patients with symptoms.^{4,5}

EoE is likely triggered by an immune response to antigens presented by food ingested via the gastrointestinal tract or particles inhaled via the respiratory tract. The pathophysiologic mechanisms that drive esophageal dysmotility in patients with EoE are not completely understood, although several theories have been postulated. These theories are based on the premise that immune system activation leads to eosinophilic infiltration of the esophagus and activation of cytokine-mediated pathways, ultimately leading to remodeling and alterations to the epithelial and subepithelial tissue structure and the mechanical properties of

Download English Version:

<https://daneshyari.com/en/article/3319096>

Download Persian Version:

<https://daneshyari.com/article/3319096>

[Daneshyari.com](https://daneshyari.com)