Acta Otorrinolaringol Esp. 2016;67(3):167–178

Acta Otorrinolaringológica Española

www.elsevier.es/otorrino

REVIEW ARTICLE

Eosinophilic Esophagitis: A Relevant Entity for the Otolaryngologist☆

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Received 15 May 2015; accepted 3 June 2015

KEYWORDS
Dysphagia;
Deglutition disorders;
Esophagitis;
Eosinophilia;
Food impaction;
Transnasal esophagoscopy;
Atopy

Abstract Eosinophilic esophagitis (EE) is a recently recognised pathologic entity whose prevalence has risen significantly since it was first described. Its diagnosis represents a challenge for different medical specialties, among which ENT specialists play an important role. Clinical suspicion in a patient with recurrent food impaction or a child with eating disorders and history of hypersensitivity constitutes the first warning sign of a possible EE.

The purpose of this review is to highlight EE as a possible differential diagnosis in patients with deglutition disorders and describe the possible clinical symptoms that should alert the ENT specialist to perform appropriate diagnostic tests and procedures. The transnasal esophagoscopy, performed in-office by the ENT, is ideal for reducing possible underdiagnosed cases.

Given the fact that an ENT specialist will evaluate a great many patients with deglutition disorders, it is paramount for possible EE cases to be suspected and recognised so that a correct multidisciplinary approach involving not only ENT specialists but also paediatricians, gastroenterologists, allergologists and pathologists can be established. Identifying the dietary component responsible for the esophageal inflammation and removing that food from the patient's diet is the key in the treatment of this immune-mediated disease.

☆ Please cite this article as: Górriz-Gil C, Villarreal IM, Álvarez-Montero Ó, Rodríguez-Valiente A, Magaz M, García-Berrocal JR. Esofagitis eosinofílica: una entidad patológica relevante para el otorrinolaringólogo. Acta Otorrinolaringol Esp. 2016;67:167–178.

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PALABRAS CLAVE
Disfagia;
Trastornos de la deglución;
Esofagitis;
Eosinofilia;
Impactación de alimentos;
Esofagoscopia transnasal;
Atopia

Esofagitis eosinofílica: una entidad patológica relevante para el otorrinolaringólogo

Resumen La esofagitis eosinofílica (EE) es una entidad clínico patológica reconocida recientemente y con una prevalencia que va en aumento desde su descripción inicial. Su diagnóstico representa un reto para diferentes especialistas, entre los que tiene un rol destacado el otorrinolaringólogo. La sospecha clínica ante un paciente que presenta episodios recidivantes de impactación de alimentos no punzantes o ante un niño con trastornos de la alimentación y antecedentes de atopia constituyen el primer signo de alerta de una posible EE.

El objetivo de esta revisión persigue destacar el papel de la EE en el diagnóstico diferencial de los pacientes con trastornos de la deglución, así como dar a conocer las manifestaciones clínicas que deben alertar al otorrinolaringólogo para proseguir la realización de las pruebas encaminadas al diagnóstico de esta enfermedad.

La esofagoscopia transnasal, realizada por el otorrinolaringólogo en consulta, ayudará a disminuir el número de casos infradiagnosticados.

Dado que gran parte de los pacientes afectos de trastornos de la deglución van a ser evaluados por el otorrinolaringólogo, se hace imprescindible el reconocimiento de la EE, así como el manejo diagnóstico-terapéutico por un equipo multidisciplinar en el que se involucren, además del otorrinolaringólogo, pediatras, digestólogos, alergólogos y patólogos familiarizados con la enfermedad. La identificación del alimento responsable de la inflamación del esófago y su eliminación de la dieta es la clave del tratamiento de este desorden inmunomediado.

Introduction

The association of dysphagia with infiltration of eosinophils in the oesophagus was first reported in 1978 by Landres et al.[1] In 1993[2] Attwood et al. observed an increase in eosinophils in oesophageal mucosa in patients with dysphagia and normal pH, and described a different clinical pathological syndrome called eosinophilic oesophagitis (EoE) with dysphagia. Initial consensus regarding the disease was published in 2007, distinguishing it from gastroesophageal reflux disease (GERD).[3] However, after a series of patients with EoE who responded to treatment with proton-pump inhibitors (PPI), a new separate entity of EoE, called PPI respondent EoE was reported.

20 years after its initial description, the latest consensus in 2011 and 2013[4,5] defined this disease as an immuno-allergic based, chronic inflammatory condition, characterised by an inflammation of the oesophageal wall, predominantly eosinophilic, which does not respond to treatment with PPI and which appears with symptoms relating to the corresponding oesophageal dysfunction.

Its incidence or recognition has increased since then, both in children and adults,[6,7] with a similar prevalence to Crohn's disease in developed countries. There has been an increased number of publications due to the interest aroused by this disease, particularly in the last 4 years.

The EOE patient type is usually a young Caucasian, male aged approximately 35 with a history of allergy or atopia, whose symptoms may present from infancy, as a consequence of the progressive alteration of the oesophagus which may begin as an initial inflammatory phenotype and develop into a fibrostenoic one.

In small children the predominant symptoms are anorexia, vomiting and abdominal pain, whilst in adolescents and adults symptoms are dysphagia and food impaction. Since patients usually alter their eating habits, it is possible that they do not request medical attention until complications arise, which delays diagnosis.

This disease is confined to the oesophagus, where unlike in the remainder of the gastrointestinal tract, there should be no presence of eosinophils, and it must be differentiated from general gastrointestinal eosinophilic infiltration.[4]

Diagnostic criteria of EoE require the presence of over 15 eosinophils per high power field in one or more biopsies of the oesophagus, after ruling out other possible causes of oesophageal eosinophilia, and in particular GERD.

The increase of EoE appears to be due to a combination of several factors: a real rise in the number of cases and an increase of its acceptance by the medical community, which has in turn been facilitated by the increased number of biopsies of the oesophagus performed.

This disease is of major relevance to the ENT specialist for several reasons:

1. It is the primary cause of dysphagia and oesophageal impaction in children and young adults.
2. It is the second most common cause of oesophagitis after GERD.[4]
3. It is probably the final stage of many cases of oesophageal stenosis normally treated with dilatations, which could have been avoided with early diagnosis and treatment of this disease.
4. It has similar symptoms to GERD and laryngopharyngeal reflux, especially in patients with GERD symptoms who do not respond to PPI.
5. Frequent symptoms such as coughing, croaking, or dysphonia may be initial signs of EoE.