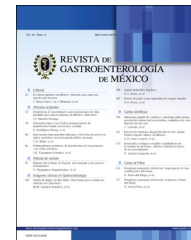


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ORIGINAL ARTICLE

How to improve the diagnosis of eosinophilic
esophagitis: Experience from a case series in Mexico[☆]R. Soto-Solís^a, K. Santana-de Anda^a, N. González-Uribe^a, C. Gallegos^b,
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KEYWORDS

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Gastroesophageal
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Abstract

Introduction: Eosinophilic esophagitis (EoE) is a chronic, immune disorder mediated largely by food antigens. It shares nonspecific symptoms with gastroesophageal reflux disease (GERD). EoE is rarely reported in Mexico, perhaps due to the racial characteristics of the population or because of insufficient diagnostic suspicion.

Aims: Our aim was to describe a Mexican cohort with EoE and evaluate the usefulness of the clinical history and endoscopy in the EoE diagnosis, in comparison with GERD patients.

Materials and methods: A retrospective study was carried out on the clinical characteristics and endoscopic and histopathologic findings in patients with EoE, along with a case-control study on patients with GERD. The endoscopic images obtained were interpreted in a blind and randomized manner by 4 gastroenterologists, before and after providing them with information on the characteristic alterations of EoE. The esophageal biopsies were also blinded to 2 pathologists that evaluated their diagnostic correlation. The Fisher's exact test and Mann-Whitney U test were used in the statistical analysis.

Results: Fourteen patients with EoE were included in the study. Ten (71%) of them were men and the mean age of the patients was 35 years. There were more subjects with a personal history of asthma ($p = .0023$) and food impaction ($p = 0.04$) in the EoE group. The initial evaluation of the endoscopic findings showed 53% correct EoE interpretations and rose to 96% in the second revision (sensitivity 100%, specificity 71%, PPV 65%, NPV 100%).

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PALABRAS CLAVE

Esofagitis
eosinofílica;
Disfagia;
Impactación
alimentaria;
Dolor torácico no
cardíaco;
Reflujo
gastroesofágico

Conclusions: Mexican patients with EoE have similar characteristics to those of patients in western case series. Clinical awareness of the disorder increases endoscopic diagnosis in up to 40% of cases.

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Cómo mejorar el diagnóstico de esofagitis eosinofílica: experiencia de una serie de casos en México

Resumen

Introducción: La esofagitis eosinofílica (EEo) es un padecimiento crónico e inmunológico mediado por antígenos habitualmente alimentarios. Comparte síntomas inespecíficos con la enfermedad por reflujo gastroesofágico (ERGE). En México es rara vez reportada, tal vez por las características raciales de la población o por una sospecha diagnóstica insuficiente.

Objetivos: Describir una cohorte mexicana con EEo. Evaluar la utilidad de la historia clínica y de la endoscopia para diagnosticar EEo al compararla con ERGE.

Material y métodos: Estudio retrospectivo de las características clínicas, hallazgos por endoscopia e histopatología de pacientes con EEo. Se realizó además un estudio de casos y controles con ERGE. Las imágenes obtenidas por endoscopia fueron interpretadas de forma ciega y aleatorizada por 4 gastroenterólogos, antes y después de otorgarles información sobre las alteraciones características de la EEo. Las biopsias esofágicas también fueron cegadas a 2 patólogos para evaluar su correlación diagnóstica. El análisis estadístico fue elaborado por pruebas exacta de Fisher y U de Mann-Whitney.

Resultados: Se incluyeron 14 pacientes con EEo, 10 (71%) del sexo masculino de 35 años en promedio. En el grupo de EEo hubo más sujetos con historia personal de asma ($p=0.0023$) e impactación alimentaria ($p=0.04$). La evaluación inicial de los hallazgos endoscópicos mostró el 53% de interpretaciones acertadas para EEo incrementando al 96% en la segunda revisión (sensibilidad 100%, especificidad 71%, VPP 65%, VPN 100%).

Conclusiones: Los pacientes con EEo en México tienen características similares a los de series occidentales. La sospecha clínica incrementa el diagnóstico por endoscopia hasta en un 40% cuando se mejora el conocimiento acerca de la enfermedad.

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Introduction

Eosinophilic esophagitis (EoE) is a chronic inflammatory immune disorder that is mediated largely by food antigens.¹ This disease was first described in 1978 by the physicians, Landres and Kuster, at the Scripps Clinic in San Diego, California,² in the biopsies of a patient diagnosed with achalasia. It was recognized as a clinicopathologic entity after the report by Dr. Tom DeMeester of the University of Southern California in 1993.³ Since then, it has been reported in adults, and particularly in children, in the United States and Europe.⁴ EoE was initially considered a consequence of gastroesophageal reflux disease (GERD), but today it is recognized as an immune disorder that in some cases is potentiated by GERD.⁵ Diagnosis is suspected when there are intermittent esophageal symptoms that are initially dysfunctional (globus, dysphagia, retrosternal pain) and then structural (persistent dysphagia, retrosternal pain, or food obstruction).⁶ In both cases, endoscopy enables the identification of subtle, but instructive, mucosal alterations, such as white exudates, edema with linear furrows,

wall thinning resembling "crepe paper", multiple rings or "trachealization", and/or stricture with circumferential stellar inflammatory exudates.⁷

Biopsies of the middle third of the esophagus show eosinophilic infiltrate with a minimum density of 15 eosinophils per high power field, degranulation, and eosinophilic microabscesses.⁸ There are no pathognomonic signs or symptoms and so an integrated diagnosis must be made. Furthermore, there are other causes of esophageal eosinophilic infiltration without EoE, as well as patients with EoE and no endoscopic alterations.⁷ Ten patients with EoE have been reported in two recent case series in Mexico,^{9,10} and there have also been reports of isolated cases.^{11,12}

Aim

The aim of this study was to describe the clinical characteristics, through endoscopy and histopathology, of Mexican adult patients with EoE, and to identify the predictive elements of the differential diagnosis and compare them with

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