

Case	(133) Eosinophilic esophagitis, an overlooked entity in dysphagia and food bolus obstruction events
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CASE PRESENTATION

Eosinophilic esophagitis (EoE), a entity that even most physicians know little about, is becoming increasingly common.

We report a case of a 28-year-old old male attended in emergency department with an episode of trouble swallowing and a food impaction. Upper endoscopy extracted the impacted food and described a ringed aspect of esophagus with anular strictures.

Radiographic findings by mean of barium upper EGI study (anular strictures, some of them intermittent) suggested the diagnosis that was confirmed in biopsies studies.

DISCUSSION

EoE is an allergy-mediated disease which incidence is increased (6-44/100.000 inhabitants), characterized by an eosinofilic infiltration of the esophagus. EoE was first recognised as a distinct clinical entity in 1993.

Hence, the epidemiology, basic scientific and clinico-pathological data are still somewhat limited. To date, the most clearly defined risk factors for EoE are sex (male predominance), race (mainly white Caucasians), atopy (elevated serum IgE to common aeroallergens) and other allergic conditions (asthma, seasonal rhinitis, and atopic dermatitis).

EoE is now considered to represent a form of food allergy and this is demonstrated by a response to elimination diet in many patients (1,2). The main symptoms are the intermittent dysphagia and the frequent food bolus obstruction in the esophagus, in answer to a reaction of hypersensitivity against different food. Aeroallergens and compromised esophageal barrier integrity possibly contributing to a lesser extent (3).

Distinguishing eosinophilic esophagitis from gastroesophageal reflux disease can be a challenge, as signs and symptoms overlap. Eo E is diagnosed with a combination of symptomatic, histologic, and radiographic findings with the typical image of "ringed" esophagus caused by the presence of anular strictures, fixed or intermittent. Inflammatory infiltrate, muscular hyperplasia and in the longer term lamina propria fibrosis appear responsible (3,4). Esophageal biopsy must demonstrate more than 15 eosinophils per high-power field.

CONCLUSION

The diagnosis of EoE is often delayed because of a lack of awareness of this condition. Early recognition and treatment with an elimination diet and steroids are critical to avoid or postpone complications (strictures).

We must consider the disease EE in patients with repeated episodes of food getting stuck in the esophagus. The barium dynamic radiography of the esophagus will show strictures and presence of the typical rings, some of them intermittent. That's why it is important the presence of the radiologist during the exam.



Barium upper EGI study shows anular strictures (typical findings), some of them intermittent findings that suggest the diagnosis of EE

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