JOLIMONT ENDOSCOPY

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QUARTERLY NEWSLETTER
MAY 2015

EOSINOPHILIC OESOPHAGITIS

Is a chronic inflammatory condition of the oesophagus characterised by an increased number of eosinophils in the oesophageal mucosa and associated with a variety of clinical symptoms. There appears to be a high rate of relapse of symptoms in patients who respond to initial treatment and then discontinue treatment.

Clinical Manifestations: In childhood the patients may present with abdominal pain and feeding difficulties though in adults the symptoms may be confused with gastro-oesophageal reflux or with dysphagia and episodes of bolus food impaction. Chest pain is often reported and in older patients may be confused with other more serious conditions.

Associations with Other Conditions: There is a strong association of eosinophilic oesophagitis with food allergies, asthma, atopic dermatitis and other environmental allergies. This association is noted more particularly in children.

Diagnosis: Eosinophilic oesophagitis should be considered in any patient who presents with dysphagia or bolus food impaction. Chest pain or symptoms of reflux will also be indications for investigation. The investigation of choice is **gastroscopy**. Often there are characteristic changes that make the diagnosis possible by endoscopy alone. More often however biopsies need to be taken to confirm the diagnosis.

Histology: Biopsies taken from the oesophagus show at least 15 eosinophils per high power fields. Biopsies need to be taken from upper, middle and lower oesophagus.
Oesophageal eosinophilia may also occur in gastro-oesophageal reflux. This can sometimes make the diagnosis very difficult and it may be that the endoscopy needs to be repeated in patients who have persisting symptoms despite a 2-3 month course of proton pump inhibitors. There is not a tight relationship between the number of eosinophils (and presumably the more severe disease) and the severity of symptoms.

Treatment
In adults an elimination diet may be indicated and often effective. Most commonly implicated foods are eggs, seafood, nuts, milk and soy. The most often used and probably the most successful treatment is acid suppression. As mentioned previously reflux oesophagitis itself may be associated with significant eosinophilia although the characteristic hallmarks of eosinophilic oesophagitis are not seen at endoscopy. Nevertheless there is good evidence that significant acid suppression with a proton pump inhibitor for a course of at least two months significantly benefits symptoms and also results in improvement in histological changes. Given that the drug is safe, this seems to be the appropriate first line therapy.
Topical glucocorticoids, fluticasone (Flixotide) and budesonide (Pulmicort) have been the subject of several studies demonstrating an improvement in dysphagia and also decreased numbers of eosinophils on oesophageal biopsies.
Fluticasone can be used via an inhaler, sprayed into the patient's mouth and then swallowed. Budesonide may be administered with a nebuliser and then swallowed as for fluticasone. Viscous budesonide can be compounded and then swallowed again having the patient not eat or drink for 30 minutes after taking the preparation. Presumably the viscous slurry (and indeed the inhaled spray) spend a greater time in contact with the oesophageal mucosa having its benefits in this manner.

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Because the cause of the condition is unknown and the natural history seems to be for recurrence or relapse of the disease, the question of whether the treatment should be indefinite or can be stopped is debatable. Most patients are keen to stop treatment once their symptoms resolve although it should be pointed out that there may be relapses, particularly in those who have dysphagia.

Other Treatments: In patients who fail medical therapy, oesophageal dilatation may be necessary in those with significant strictures. Care in dilatation needs to be taken as there seems to be an increased risk of complications of the procedure including chest pain, bleeding and perforation.

Summary: Eosinophilic oesophagitis is being increasingly recognised. The cause of the condition is unknown and treatment as yet is not perfect.
Patients require a careful history and in those with characteristic symptoms of dysphagia, bolus obstruction or symptoms of reflux should be referred for endoscopy when appropriate biopsies should be obtained.
Treatment with topical steroids (fluticosone and budesonide) are often effective though some patients just manage their symptoms with care in eating (smaller softer foods and washed down with fluids).

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WEB Site www.jolimont.com.au
We are constantly improving our web site for our consumers. GP's and patients will find useful information and forms required for referral and admission.

- **Capsule Endoscopy Referral**
- **Newsletter**
- **Patient Interactive Admission form**
- **Patient admission check list**
- **Privacy Statement**

The **Capsule Endoscopy Referral form** can be found under the GP Information tab and note there is **No** "out of pocket" cost to patients for this procedure.

The patient **Admission form** on our web site is now interactive and can be downloaded, saved to desk top, completed and emailed back. If you encounter problems completing these forms please ring us.

Patient Survey
The results from the March 2015 patient survey have been collated. See web site for full report.
"I have had many hospital experiences & been an active consumer health advocate on DHS committees. I don't take outstanding care for granted –You offer Outstanding Service –Thank you "

Patient and Consumer Centred Care
This is an integral part for the delivery of effective, safe and high quality care. We welcome comments relating to our service and question's from our consumers regarding the work we do and the service we provide. This way we can ensure that you have access to understandable health information which is essential for patients to have their choices taken into consideration and allow staff to support the needs of their patients more effectively.

Saturday lists.
Lists are done regularly on a Saturday morning for those patients who are not able to attend during the week. Please contact rooms or use our web site to contact us regarding a suitable date and time.

Female gastroenterologists
Jolimont offers female Gastroenterologists for weekday and Saturday appointment should your patients request this.

Performance Indicators as per NSQHS
Indicators are collected monthly and audited yearly. We have our yearly Infection Control audit against current standard AS/NZS 4187:2014 booked in with Melbourne Pathology for May.
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