

Aspects on the Management of Patients with Eosinophilic Esophagitis

AKADEMISK AVHANDLING

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Avhandlingen baseras på följande arbeten:

- I. Larsson H, Bergquist H, Bove M.
The Incidence of Esophageal Bolus Impaction: Is There a Seasonal Variation?
Otolaryngology- Head and Neck Surgery. 2010; Nov 11: 186-190.
- II. Bergquist H, Larsson H, Johansson L, Bove M.
Dysphagia and Quality of Life May Improve with Mometasone Treatment in Patients with Eosinophilic Esophagitis: A Pilot Study.
Otolaryngology- Head and Neck Surgery. 2011; April 145(4): 551-556.
- III. Larsson H, Bergman K, Finizia C, Johansson L, Bove M, Bergquist H.
Dysphagia and Health-Related Quality of Life in Patients with Eosinophilic Esophagitis: A Long-Term Follow-Up.
Submitted. European Archives of Oto-Rhino-Laryngology.
- IV. Larsson H, Norder Grusell E, Tegtmeyer B, Ruth M, Bergquist H, Bove M.
Grade of Eosinophilia versus Symptoms in Patients with Dysphagia and Esophageal Eosinophilia.
Submitted. Diseases of the Esophagus.

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ABSTRACT

Eosinophilic esophagitis (EoE) is an inflammatory disorder of the esophagus characterized by symptoms of esophageal dysfunction and eosinophilia in the esophageal mucosa. This condition may affect approximately 1% of the general population and is strongly associated with allergy/atopic diatheses.

Aims: The overall aim of this thesis was to examine the clinical aspects on the management of patients with EoE. The possibility of a seasonal variation of food bolus impaction in the esophagus, a common complication of EoE patients, was explored. The burden of symptoms and health-related quality of life (HRQL) of patients with EoE at diagnosis, after two months of treatment and at a long-term follow-up point were investigated. The association between the grade of mucosal eosinophilia and the symptoms was studied.

Methods & Results: Subjects with bolus impaction (n=314) were included in a retrospective study. A significantly higher incidence of bolus impaction was found in subjects with atopic disorders during the fall (n=90) than during any of the other three seasons (p=0.015). Untreated EoE patients were included in two prospective studies (n=31 and n=47, respectively). Symptoms and HRQL (Watson Dysphagia Scale, EORTC QLQ-OES18, SF-36) were evaluated at diagnosis, after two months of treatment with topical corticosteroids and at least one year after inclusion (median: 23 months after inclusion). The dysphagia-related scores improved after treatment and a partial remission was noted at the long-term follow-up point. The grade of mucosal eosinophilia in untreated patients with dysphagia and esophageal eosinophilia (n=65) was assessed using both hematoxylin-eosin staining and immunohistochemical technique. No correlation was found between the grade of eosinophilia and the symptoms/HRQL using the aforementioned questionnaires, however, a higher grade of eosinophilia was found among patients with concomitant bolus impaction as compared to those without.

Conclusions: A seasonal variation was found in the incidence of acute esophageal bolus impaction in patients with atopic disorders. EoE patients had a substantial burden of symptoms, which improved after treatment, and a partial remission was noted more than one year after diagnosis. A high grade of eosinophilia in the proximal part of the esophagus might serve as a marker for an increased risk of bolus impaction.

Keywords: eosinophilia, esophagitis, dysphagia, quality of life, bolus impaction.

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