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Literature search results

Search completed for:

Search request date: 20 July 2010
Search completion date: 22 July 2010
Search completed by: Richard Bridgen

Search details
Eosinophilic oesophagitis in association with barrett’s oesophagus

Resources searched
NHS Evidence; National Library for Health; TRIP Database; Cochrane Library; MEDLINE; EMBASE; Google Scholar

Database search terms: Eosinophilic; EOSINOPHILIC GRANULOMA; allergic; EOE; EE; oesophagitis; esophagitis; ESOPHAGITIS; barrett’s oesophagitis; barrets oesophagitis; barrett*; BARRET ESOPHAGITIS; BE; oesophagus; esophagus

Google search string: (((eosinophilic OR allergic) (oesophag* OR esophag*)) OR EoE) (barrett and (oesophag* OR esophag*))

Summary
There is some research on eosinophilic oesophagitis with Barret’s oesophagitis and I have included relevant studies below. Due to the general nature of your search request, I am not able to summarise the research further.

Guidelines
European Society of Pediatric Gastroenterology, Hepatology, and Nutrition
Pediatric gastroesophageal reflux clinical practice guidelines: joint recommendations of the (NASPGHAN) and the (ESPGHAN) 2009

Evidence-based reviews
None found.

Published research

1. The diagnosis of primary eosinophilic oesophagitis in adults: Missed or
Abstract: AIM: The diagnosis of adult eosinophilic oesophagitis (EOE) is rarely made in the UK despite projections of high frequency and prevalence within Western society. This study aimed to identify the frequency of diagnosis of EOE in our community, and to establish reasons for diagnostic failure or delay. METHODS: The pathology records of all gastroscopies performed (67 840) in Northumbria NHS trust during the years January 2001-November 2008 were reviewed for oesophageal eosinophilia. Case notes and investigations were then inspected to identify patients with a diagnosis of EOE in accordance with American Gastroenterology Association guidelines. RESULTS: In total, 37 patients fulfilled diagnostic criteria for EOE. The mean duration of symptoms before the diagnosis was 4 years (range 4 months-30 years) and 14 patients (38%) remained undiagnosed until the time of study. Reasons for diagnostic failure and delay included: delayed request for endoscopy in patients with dysphagia (49%, n=18 of 37); poor recognition of typical endoscopic appearances of EOE (16%, n=6 of 37); clinical mislabelling as gastro-oesophageal reflux disease (22%, n=8 of 37) and candida (13%, n=5 of 37); histological mislabelling as gastro-oesophageal reflux disease (19%, n=7 of 37), candida (5%, n=2 of 37), 'inflammation' (8%, n=3 of 37) and Barrett's oesophagus (3%, n=1 of 37); failed recognition or recording of maximal eosinophil concentrations within biopsies (35%, n=13 of 37). In 40% (n=15 of 37) of patients the decision to biopsy was based solely on a dysphagia protocol introduced in 2004. No cases were identified before the protocol implementation. CONCLUSION: EOE is underdiagnosed in our community owing to lack of clinical suspicion, failure to biopsy, and histopathological misinterpretation. Educating clinicians and pathologists before planning an endoscopy may improve the diagnostic sensitivity. copyright 2010 Wolters Kluwer Health | Lippincott Williams and Wilkins.

Source: EMBASE

2. Optimal approach to obtaining mucosal biopsies for assessment of inflammatory disorders of the gastrointestinal tract

Abstract: Endoscopic evaluation and mucosal biopsy analysis have assumed important roles in the clinical management of patients with symptoms related to the gastrointestinal tract. Several common inflammatory diseases, including eosinophilic esophagitis, Barrett's esophagus, Helicobacter pylori infection, celiac disease, lymphocytic colitis, collagenous colitis, and inflammatory bowel disease, may display a patchy or discontinuous distribution and, thus, multiple mucosal samples may be required to obtain diagnostic tissue in some cases. Not surprisingly, clinicians and pathologists are increasingly challenged to determine the optimum number of procedures and tissue samples necessary to detect, or exclude, the presence of inflammatory disorders of the gastrointestinal tract. Unfortunately, clinical practice varies widely with respect to tissue sample procurement in the evaluation of these disorders, particularly when the endoscopic appearance of the gastrointestinal mucosa is normal or shows only minimal changes. Guidelines concerning the appropriate number of tissue samples are well established for some diseases, such as Barrett's esophagus and chronic gastritis, but are not clear in other instances. The purpose of this review is to discuss the available literature pertaining to appropriate endoscopic sampling in the assessment of medical diseases of the gastrointestinal tract, and to develop recommendations regarding the clinical evaluation of common gastrointestinal disorders. copyright 2009 by the American College of Gastroenterology.

Source: EMBASE

Full Text: Available in fulltext at EBSCO Host
3. The potential impact of contemporary developments in the management of patients with gastroesophageal reflux disease undergoing an initial gastroscopy.

Author(s): Salem SB, Kushner Y, Marcus V, Mayrand S, Fallone CA, Barkun AN

Citation: Canadian Journal of Gastroenterology, February 2009, vol./is. 23/2(99-104), 0835-7900:0835-7900 (2009 Feb)

Publication Date: February 2009

Abstract: BACKGROUND: Recent developments may alter the approach to patients presenting with gastroesophageal reflux disease (GERD)-like symptoms. A newly proposed Montreal consensus definition of Barrett's esophagus includes all types of esophageal columnar metaplasia, with or without intestinal-type metaplasia. There is also increasing recognition of eosinophilic esophagitis (EE) in patients with GERD-like symptoms. OBJECTIVE: To quantify the impact of these developments on a multiphysician general gastroenterology practice in a tertiary care medical centre. METHODS: Medical charts of all patients having an initial gastroscopy for GERD-like symptoms over a one-year period were reviewed retrospectively, and audits of their endoscopic images and esophageal biopsies were performed. RESULTS: Of the 353 study participants, typical symptoms of heartburn and acid reflux were present in 87.7% and 23.2%, respectively. Less commonly, patients presented with atypical symptoms (eg, dysphagia in 9.4%). At endoscopy, 26% were found to have erosive esophagitis and 12% had endoscopically suspected esophageal metaplasia. Histological evaluation was available for 65 patients. Ten of the 65 biopsied patients (15%) met traditional criteria for Barrett's esophagus (ie, exhibiting intestinal-type metaplasia), whereas 49 (75%) fulfilled the newly proposed consensus definition of Barrett's esophagus. Five patients (7.7%) met the study criteria for EE (more than 20 eosinophils per high-power field), four of whom had not been previously recognized. CONCLUSIONS: Among patients presenting with GERD-like symptoms, the prevalence of Barrett's esophagus may increase markedly if the Montreal definition is adopted. In addition, growing awareness of EE may lead to an increase in the prevalence of this diagnosis. Prospective studies of the management implications of these findings are warranted.

Source: MEDLINE

Full Text: Available in fulltext at National Library of Medicine

4. Uncertain Association of Barrett's Esophagus With Eosinophilic Esophagitis

Author(s): Mukkada V., Atkins D., Furuta G.T.

Citation: Clinical Gastroenterology and Hepatology, July 2008, vol./is. 6/7(832), 1542-3565 (July 2008)

Publication Date: July 2008

Source: EMBASE

5. Eosinophilic esophagitis and Barrett's esophagus: An occasional association or an overlap disease? Esophageal 'double trouble' in two children

Author(s): Francalanci P., De Angelis P., Minnei F., Diomedi Camassei F., Torroni F., Dall'Oglio L., Callea F.

Citation: Digestion, April 2008, vol./is. 77/1(16-19), 0012-2823 (Apr 2008)

Publication Date: April 2008

Abstract: Background: Esophageal diseases are common in infants and children, and may present with several clinical and pathological aspects. Eosinophilic esophagitis (EE) is characterized by inflammatory, predominantly eosinophilic infiltrate ([greater-than or equal to]15 eosinophils per high-power field (HPF)) that is not responsive to acid suppression therapy. An immunological pathogenesis has been hypothesized, likely related to food allergy. Barrett's esophagus (BE) is due to chronic gastroesophageal reflux. The pathological consequence is the replacement of normal stratified squamous epithelium by columnar mucosa with goblet cells. Methods: We present 2 children with a history of food
allergy. Endoscopy revealed linear furrows and yellow plaques in the mid-distal esophagus. Results: In both patients histology showed a high number of eosinophils (>30 at HPF) in the mid-distal esophagus and intestinal metaplasia with goblet cells in distal esophagus. Diagnosis of EE associated to BE was made. Restriction diet was administered to treat EE whereas, in 1 case, laparoscopic fundoplication was performed to treat BE. Follow-up showed a remission of endoscopic and histological aspects. Conclusions: The unusual, possibly fortuitous association of EE and BE, two conditions differing in etiopathogenesis, clinical and pathological features, calls for a correct diagnosis to offer suitable treatment and prognosis. Copyright copyright 2008 S. Karger AG.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host

6. Eosinophilic Esophagitis and Barrett's Esophagus With Dysplasia

Author(s): Wolfsen H.C., Hemminger L.L., Achem S.R.

Citation: Clinical Gastroenterology and Hepatology, December 2007, vol./is. 5/12(A18), 1542-3565 (Dec 2007)

Publication Date: December 2007

Source: EMBASE

7. Thoughts on the complex relationship between gastroesophageal reflux disease and eosinophilic esophagitis

Author(s): Spechler S.J., Genta R.M., Souza R.F.

Citation: American Journal of Gastroenterology, June 2007, vol./is. 102/6(1301-1306), 0002-9270;1572-0241 (Jun 2007)

Publication Date: June 2007

Abstract: Recent data suggest that the interaction between gastroesophageal reflux disease (GERD) and eosinophilic esophagitis can be complex, and that the notion of establishing a clear distinction between the two disorders may be too simplistic. There are at least four situations in which GERD might be associated with esophageal eosinophils: (a) GERD causes esophageal injury that results in a mild eosinophilic infiltration, (b) GERD and eosinophilic esophagitis coexist but are unrelated, (c) eosinophilic esophagitis contributes to or causes GERD, or (d) GERD contributes to or causes eosinophilic esophagitis. The high frequency of GERD described in adult patients with eosinophilic esophagitis suggests that there may be more than a chance association between the two disorders. This report discusses potential mechanisms for the complex interaction between GERD and eosinophilic esophagitis. We hope that this information will serve as a conceptual basis for future studies on the relationship between the two disorders. Whereas there are a number of plausible mechanisms whereby GERD might contribute to the accumulation of eosinophils in the esophageal epithelium, it seems prudent to recommend a clinical trial of proton pump inhibitor (PPI) therapy even when the diagnosis of eosinophilic esophagitis seems clear-cut. Furthermore, we suggest that a favorable response to PPI therapy does not preclude a diagnosis of eosinophilic esophagitis. Copyright 2007 by Am. Coll. of Gastroenterology.

Source: EMBASE

Full Text:
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8. Emerging eosinophilic (allergic) esophagitis increased: Incidence or increased recognition?

Author(s): Vanderheyden A.D., Petras R.E., DeYoung B.R., Mitros F.A.

Citation: Archives of Pathology and Laboratory Medicine, May 2007, vol./is. 131/5(777-779), 0003-9985;1543-2165 (May 2007)
Abstract: Context. - Eosinophilic esophagitis is a disease of the esophagus with distinct histologic features (prominent intraepithelial eosinophils, particularly superficial with clustering) and characteristic endoscopic features (trachealization, white plaques). The presence of intraepithelial eosinophils had been recognized since 1982 as indicative of reflux esophagitis but little attention was initially paid to their numbers or location. Eosinophilic esophagitis has been recently described and there have been a number of reports that its incidence is on the rise. It had been our impression that eosinophilic esophagitis was being seen more frequently, perhaps resulting from some environmental change. Objective. - To investigate the increased prevalence of eosinophilic esophagitis. Design. - We analyzed a similar group of cases from 2005 (n = 150) as compared with 1990 (n = 115). Consecutive patients with mucosal esophageal biopsies from May through June of the respective years were included in the analysis. Patients with Barrett metaplasia or with carcinoma were excluded. The highest density of intraepithelial eosinophils for each patient was recorded as the number of intraepithelial eosinophils per single high-power field. The patients were categorized by the number of intraepithelial eosinophils per high-power field with those cases with greater than 20 intraepithelial eosinophils per high-power field representing eosinophilic esophagitis. Results. - There was no difference in the incidence of eosinophilic esophagitis between 1990 and 2005. Conclusions. - The apparent increased incidence of eosinophilic esophagitis is largely a result of an increase in recognition rather than an increase in disease resulting from an environmental factor.

Source: EMBASE

Full Text: Available in fulltext at EBSCO Host

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9. Emerging eosinophilic (allergic) esophagitis: increased incidence or increased recognition?.

Author(s): Vanderheyden AD, Petras RE, DeYoung BR, Mitros FA

Citation: Archives of Pathology & Laboratory Medicine, May 2007, vol./is. 131/5(777-9), 0003-9985;1543-2165 (2007 May)

Publication Date: May 2007

Abstract: CONTEXT: Eosinophilic esophagitis is a disease of the esophagus with distinct histologic features (prominent intraepithelial eosinophils, particularly superficial with clustering) and characteristic endoscopic features (trachealization, white plaques). The presence of intraepithelial eosinophils had been recognized since 1982 as indicative of reflux esophagitis but little attention was initially paid to their numbers or location. Eosinophilic esophagitis has been recently described and there have been a number of reports that its incidence is on the rise. It had been our impression that eosinophilic esophagitis was being seen more frequently, perhaps resulting from some environmental change. OBJECTIVE: To investigate the increased prevalence of eosinophilic esophagitis. DESIGN: We analyzed a similar group of cases from 2005 (n = 150) as compared with 1990 (n = 115). Consecutive patients with mucosal esophageal biopsies from May through June of the respective years were included in the analysis. Patients with Barrett metaplasia or with carcinoma were excluded. The highest density of intraepithelial eosinophils for each patient was recorded as the number of intraepithelial eosinophils per single high-power field. The patients were categorized by the number of intraepithelial eosinophils per high-power field with those cases with greater than 20 intraepithelial eosinophils per high-power field representing eosinophilic esophagitis. RESULTS: There was no difference in the incidence of eosinophilic esophagitis between 1990 and 2005. CONCLUSIONS: The apparent increased incidence of eosinophilic esophagitis is largely a result of an increase in recognition rather than an increase in disease resulting from an environmental factor.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

Available in fulltext at EBSCO Host
10. Esophagus: Clinical pathology, Gastroesophageal reflux disease, infectious esophagitis, eosinophilic esophagitis

Author(s): Gebbers J.-O., Schmassmann A.

Citation: Verdauungskrankheiten, September 2005, vol./is. 23/5(235-243), 0174-738X (Sep 2005)

Publication Date: September 2005

Abstract: This review emphasizes the clinicopathologic implications of esophageal disorders with the aim to render mutual interdisciplinary comprehension. The Barrett’s esophagus, as a result of the chronic gastroesophageal reflux disease (GERD), is particularly addressed in its anatomical, pathophysiologic and histopathologic basis as well as the follow-up of patients with mucosal dysplasia. Of the inflammatory diseases the most common infections (Candida, herpes simplex virus, Cytomegalovirus) are described. The eosinophilic esophagitis and its differential diagnoses are delineated. Copyright 2005 Dustri-Verlag Dr. Karl Feistle.

Source: EMBASE

11. Reflux esophagitis: sequelae and differential diagnosis in infants and children including eosinophilic esophagitis.

Author(s): Dahms BB

Citation: Pediatric & Developmental Pathology, January 2004, vol./is. 7/1(5-16), 1093-5266;1093-5266 (2004 Jan-Feb)

Publication Date: January 2004

Abstract: Gastroesophageal reflux disease (GERD) is a common condition in infants and children and has many clinical mimics. Most pediatric pathology departments process many mucosal biopsies from the proximal gastrointestinal tract to evaluate the presence or absence of reflux esophagitis. Since this subject was last reviewed in the 1997 edition of Perspectives in Pediatric Pathology devoted to gastrointestinal diseases in children (Dahms BB. Reflux esophagitis and sequelae in infants and children. In: Dahms BB, Qualman SJ, eds. Gastrointestinal Disease. Perspectives in Pediatric Pathology, vol. 20. Basel: Karger, 1997;14-34), progress in the field has allowed recognition of additional presenting symptoms and treatments of GERD. Histologic criteria for diagnosing reflux esophagitis have not changed. However, the entity of eosinophilic esophagitis has emerged since 1997 and has been defined well enough to allow it to be distinguished from reflux esophagitis, with which it was probably previously confused. Refinements (though not simplification!) in the definition of Barrett esophagus are still in evolution. This review will summarize these newer concepts and briefly review the standards of diagnosis of reflux esophagitis.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

Google Scholar

Association of eosinophilic inflammation with esophageal food impaction in adults
TK Desai, V Stecevic, CH Chang, NS Goldstein, … - Gastrointestinal …, 2005 - Elsevier
One important similarity between all of these studies is the absence of Barrett's esophagus and neoplasms in patients with EE. ... The mechanism(s) that EE predisposes to food impaction is unknown. In an allergic model of eosinophilic gastritis, sensitized and challenged ...

Thoughts on the complex relationship between gastroesophageal reflux disease and eosinophilic esophagitis
SJ Spechler, RM Genta, RF Souza - The American journal of ..., 2007 - nature.com
... Eosinophils in the esophagus–peptic or allergic eosinophilic esophagitis? ...
Inflammatory gradient in Barrett's oesophagus: Implications for disease complications.
Gut 2002;51:316–322. ... High-resolution EUS in children with eosinophilic "allergic" esophagitis. ...

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RC Fitzgerald, S Abdalla, BA Onwuegbusi, P Sirieix, IT ... - Gut, 2002 - gut.bmj.com
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Prevalence of oesophageal eosinophils and eosinophilic oesophagitis in adults: the population-based Kalixanda study
J Ronkainen, NJ Talley, P Aro, T Storskrubb, SE ... - Gut, 2007 - gut.bmj.com
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M Vieth, U Peitz, J Labenz, M Kulig, E ... - Digestive ..., 2004 - content.karger.com
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K Takubo, T Arai, M Sawabe, M Miyashita, K Sasajima, ... - Esophagus, 2003 - Springer
... The eosinophilic granules are smaller than those seen in Paneth cells. ... 41. Takubo K, Nixon JM, Jass JR. Ducts of esophageal glands proper and Paneth cells in Barrett's esophagus: frequency in biopsy speci- mens. ... Barrett's oesophagus: definition, diagnosis