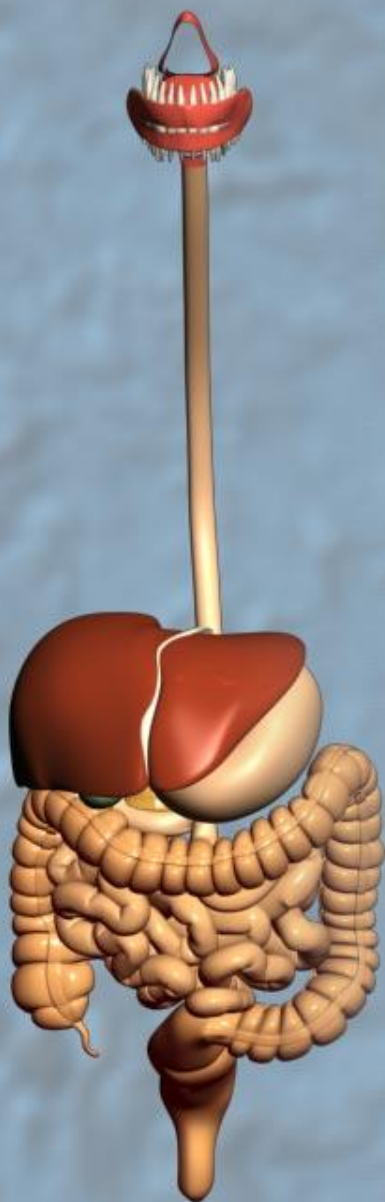


ESOPHAGITIS

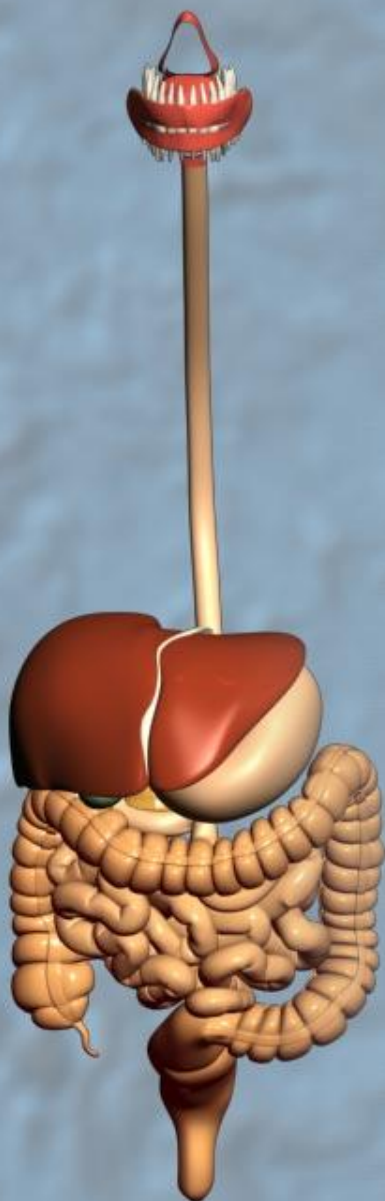
Learning Outcomes

- **LO1:What is esophagitis**
- **LO2:Describe and identify the varied clinical manifestations of esophagitis**
- **LO3:Identify the various etiologies of and risk factors for esophagitis**
- **LO4:Diagnostic tests for esophagitis**
- **LO5:Treatment strategies of esophagitis**
- **LO6:Complications of esophagitis**



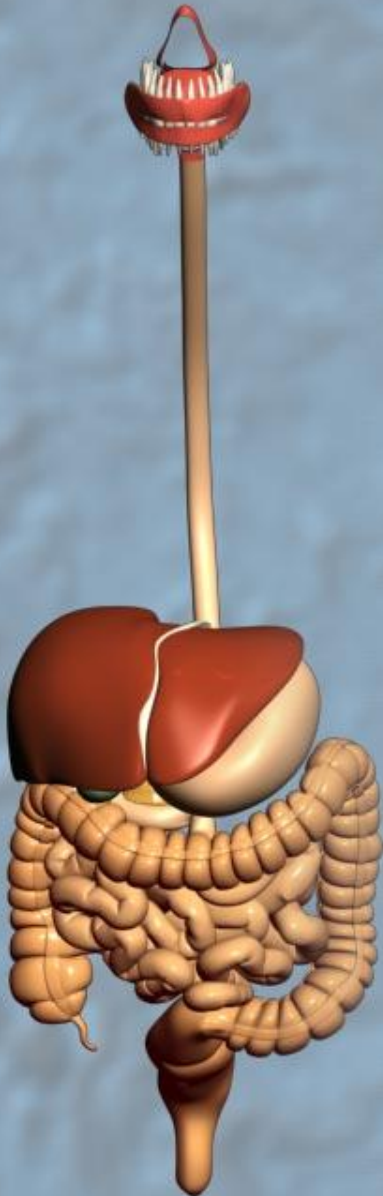
LO1:Esophagitis

- **Esophagitis is a general term for any inflammation, irritation, or swelling of the esophagus.**



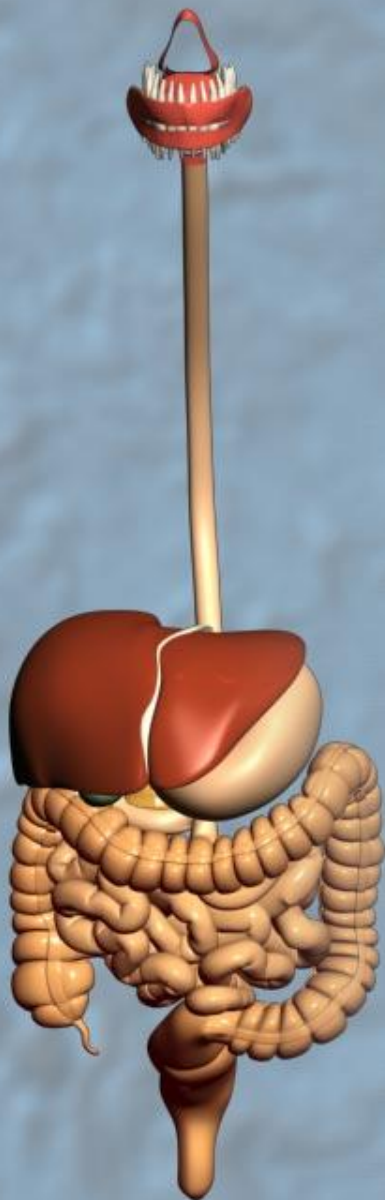
LO2: Most common types of Esophagitis

1. **Reflux Esophagitis/GERD**
2. **Infectious esophagitis**
 - **Candidiasis**
 - **HSV**
 - **CMV**
3. **Eosinophilic esophagitis**
4. **Pill Induced esophagitis**
5. **Radiation esophagitis**
6. **Esophageal cancer**



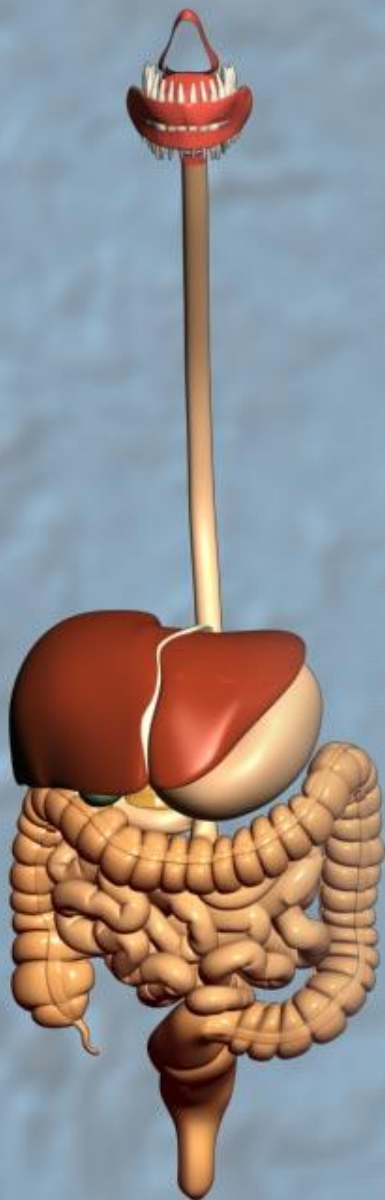
LO2: Clinical features

- 1. Dysphagia**
- 2. Heartburn**
- 3. odynophagia**
are symptoms with a high degree of specificity for the esophagus
- 4. Chest pain**



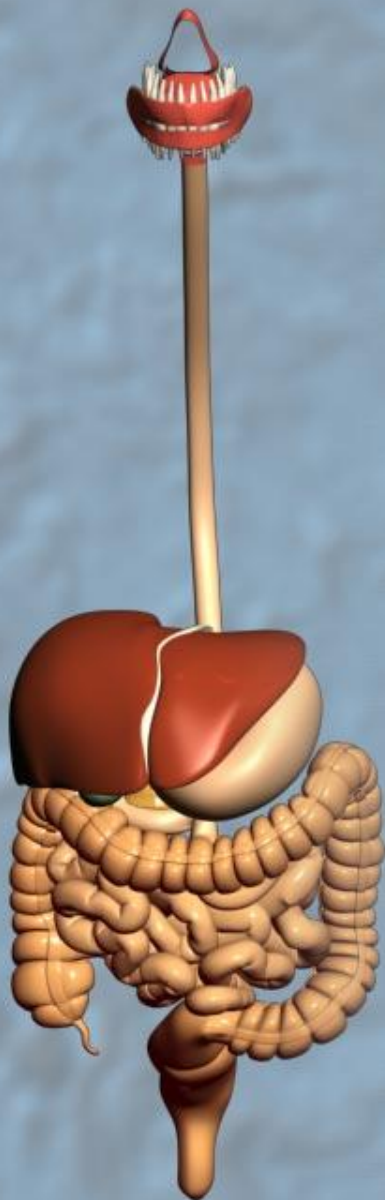
LO3:Reflux Esophagitis

- **Gastroesophageal reflux disease (GERD) is a condition in which the stomach contents (food or liquid) leak backwards from the stomach into the esophagus.**
- **This action can irritate the esophagus, causing heartburn and other symptoms.**
- **Due to defect in LES.**



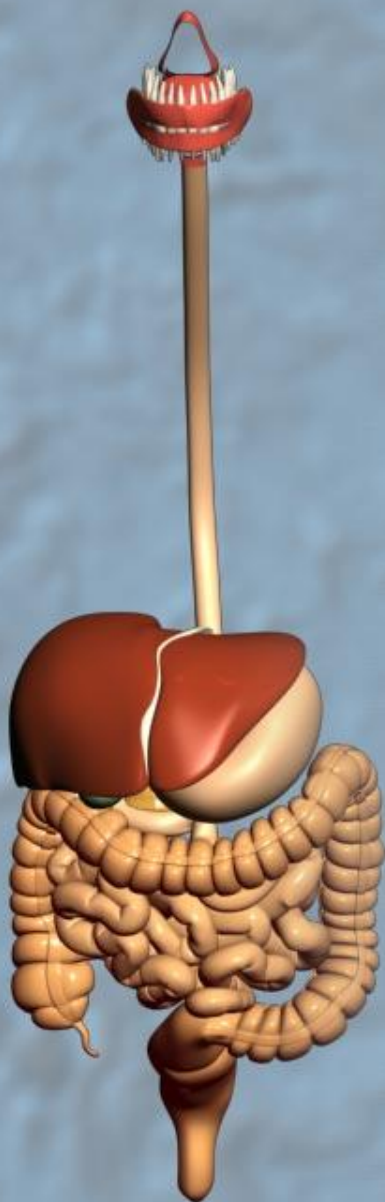
LO3:GERD risk factors

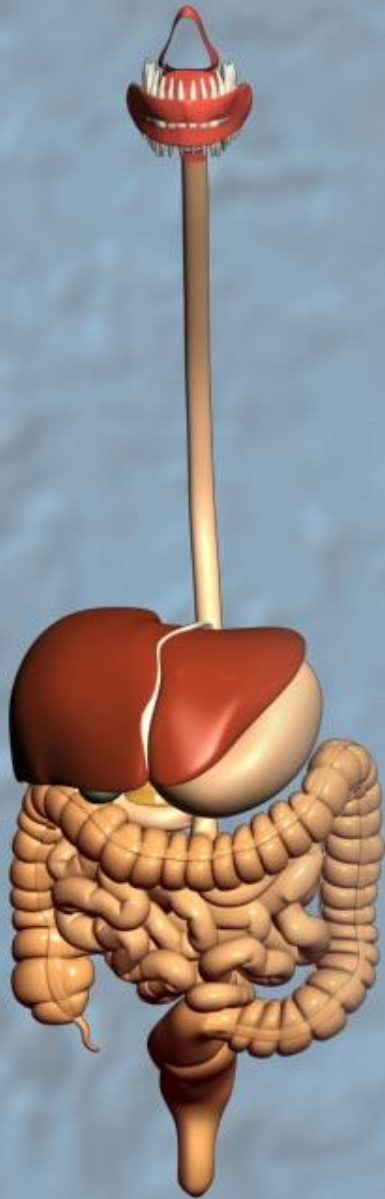
- **The risk factors for reflux include**
 - hiatal hernia
 - Pregnancy
 - Scleroderma
 - Obesity
 - Cigarettes
 - Alcohol
 - **Certain meds:**
 - Anticholinergic
 - Beta blockers, CCB
 - Bronchodilators
 - Dopamine
 - Sedatives/anxiety meds, tricyclic antidepressants



LO4:Endoscopy advantages

- The major advantages of endoscopy over contrast radiography in evaluation of diseases of the alimentary tract include
 - Direct visualization
 - More accurate and sensitive evaluation of mucosal lesions
 - The ability to obtain biopsy specimens from superficial lesions
 - The ability to perform therapeutic interventions.

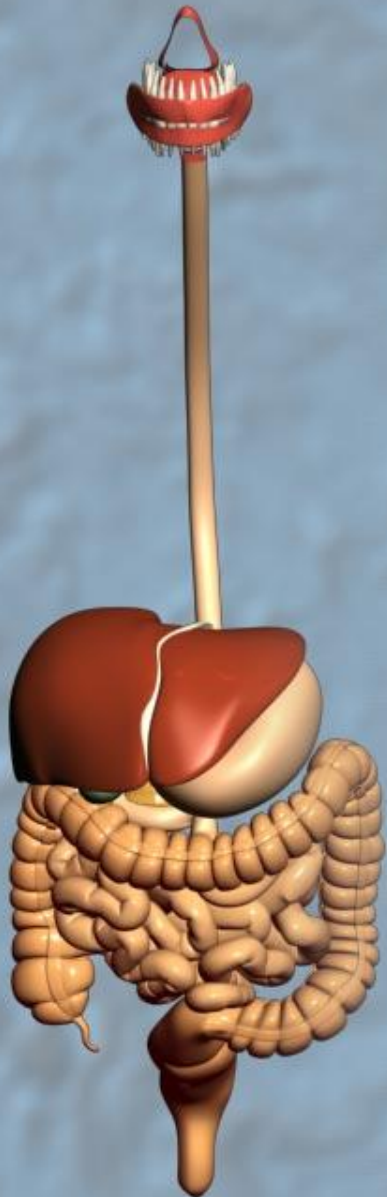




LO4:

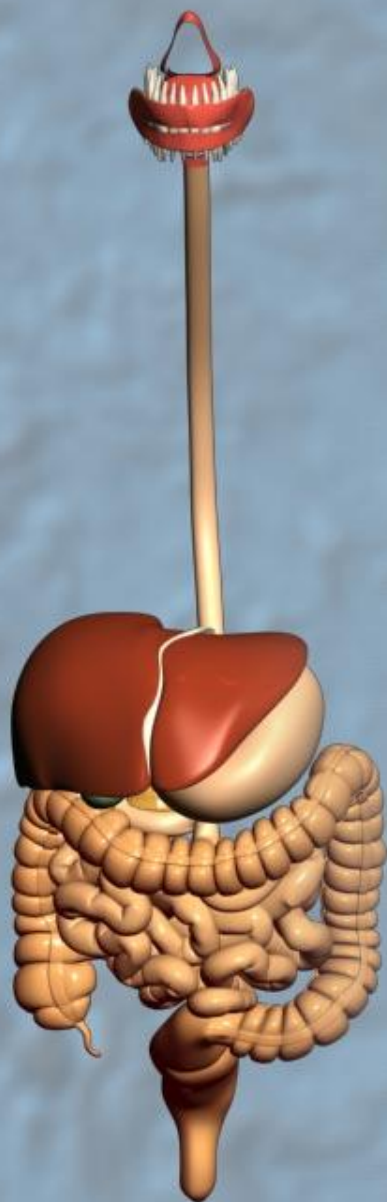
- *Esophageal pH monitoring, the “gold standard” for identifying acid reflux, is performed by fixing a small pH probe in the esophagus, 5 cm above the LES, and recording all episodes in which esophageal pH drops to less than 4 over a 24- to 48-hour period*

LO5: Treatment trial over endoscopy



- Currently, the **preferred method for establishing GERD** as the cause of symptoms (e.g., chest pain, wheezing) is an *empirical trial of acid suppression with a PPI* (e.g., omeprazole, 20 mg twice daily),
 - *which normalizes esophageal acidity in approximately 95% of subjects.*

LO5:Lifestyle modifications



- Elevate the head of the bed 6 inches
- Stop smoking
- Stop excessive alcohol consumption
- Reduce dietary fat
- Reduce meal size
- Avoid bedtime snacks
- Lose weight (if overweight)
- Avoid:
- Chocolate
- Coffee (caffeinated and decaffeinated),
- Tea,
- Cola beverages,
- Tomato juice

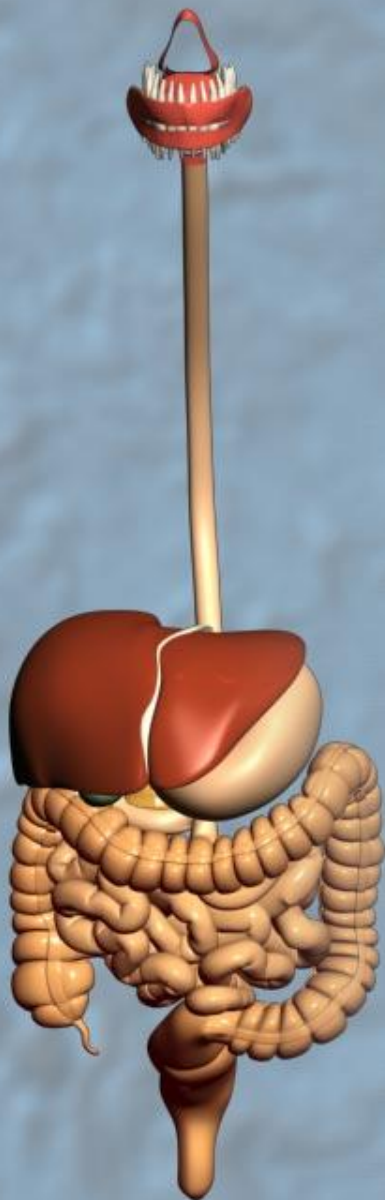
LO5:Nissen Fundoplication

- When indicated, the operative procedure of choice is laparoscopic Nissen fundoplication, with a success rate of about 90%



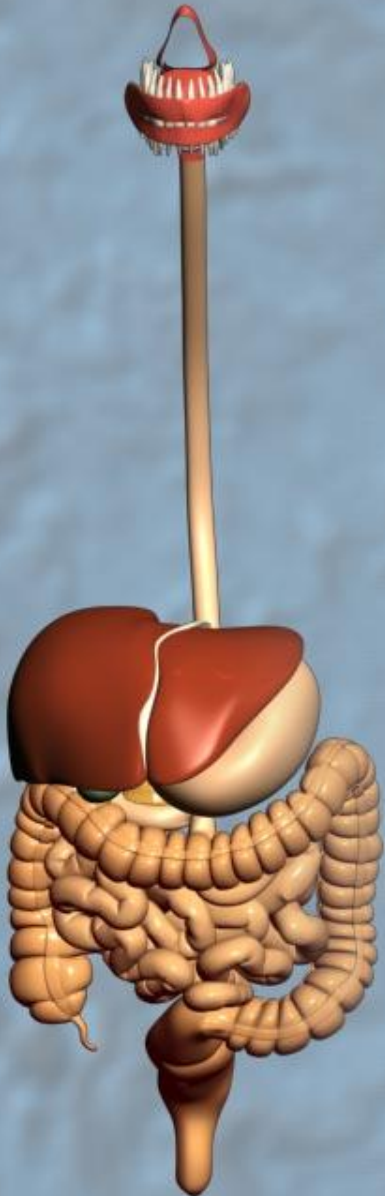
LO6:Complications

- The two major complications of GERD are peptic stricture formation and Barrett's esophagus (frequency, 5 to 15%)

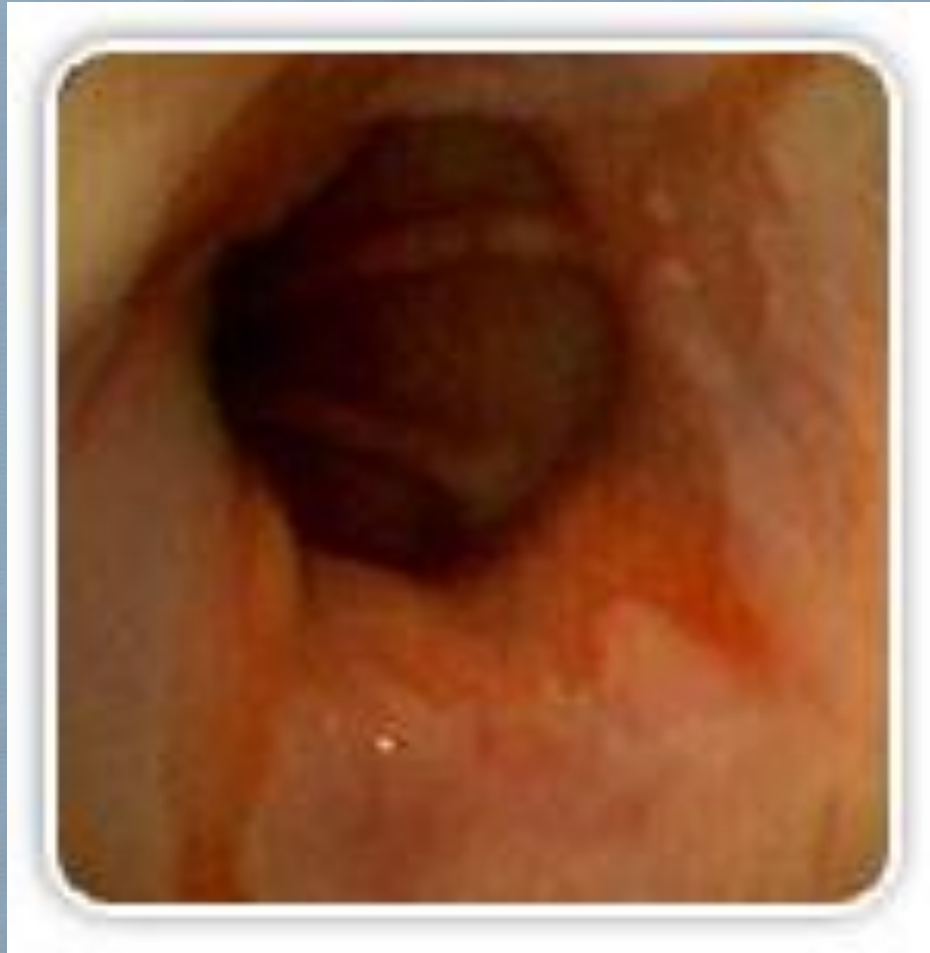
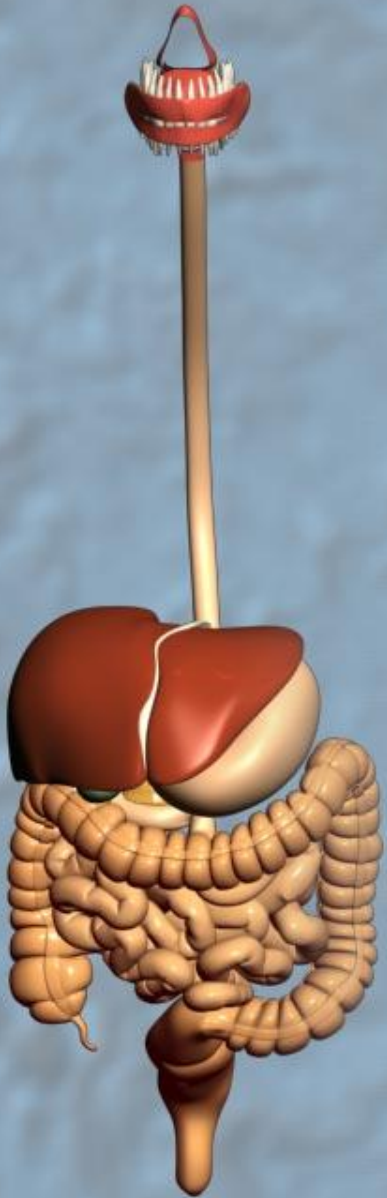


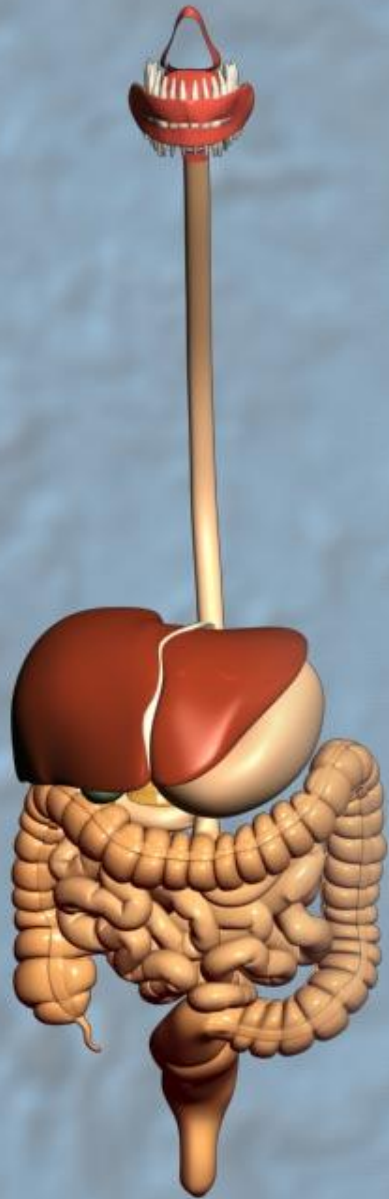
LO6:Barrett's esophagus

- Barrett's esophagus is replacement of reflux-damaged squamous epithelium in the distal part of the esophagus by metaplastic, specialized columnar epithelium.
- It is found in 10 to 15% of patients with GERD, principally in white individuals.
- The lesion is suspected on endoscopy by the presence of reddish epithelium extending from the stomach into the tubular lumen of the esophagus

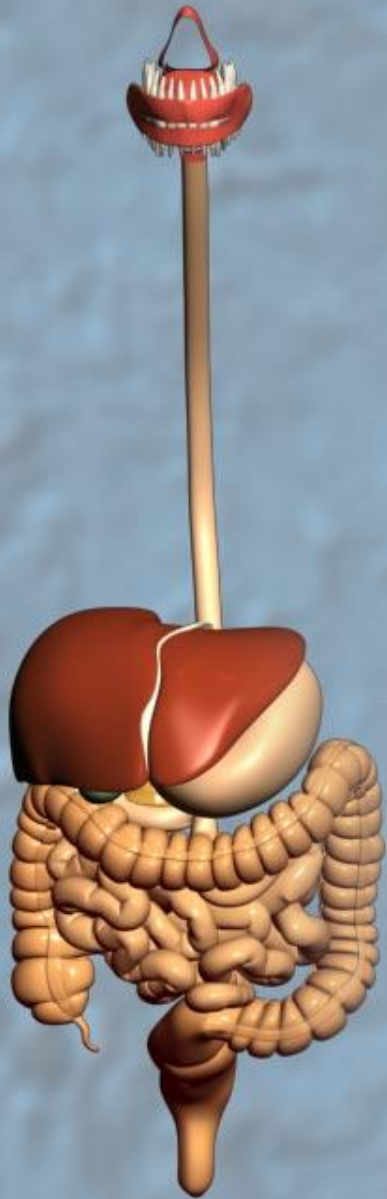


LO6:Barrett's esophagus





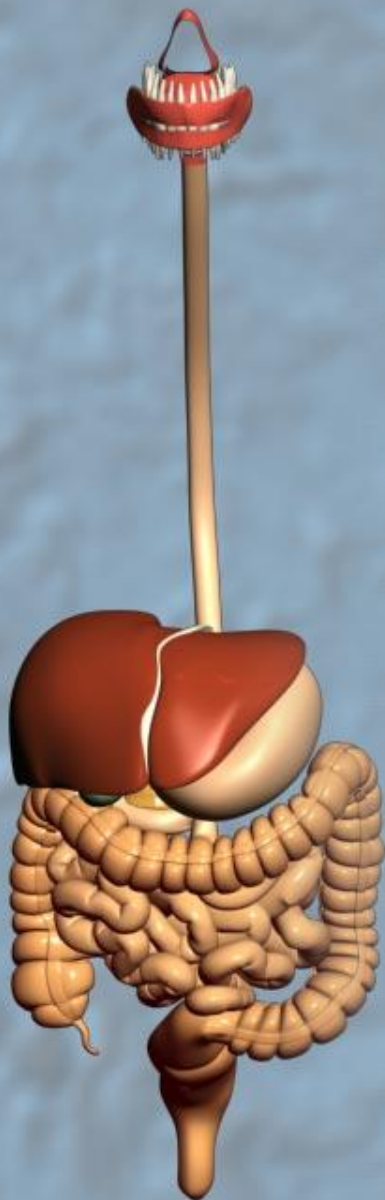
- **Confirmation is by biopsy.**
- **Barrett's metaplasia is a premalignant lesion that increases the risk for esophageal adenocarcinoma 30- to 125-fold over that of the general population.**



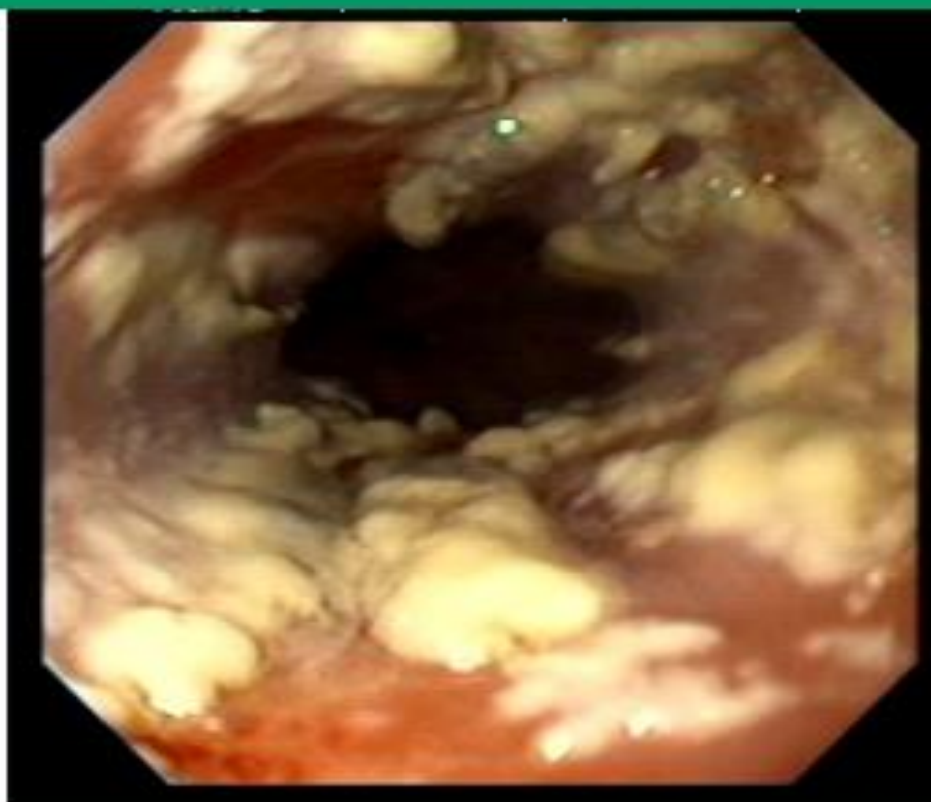
- **Factors that increase the risk for malignancy in Barrett's esophagus include:**
 - White race,
 - Male sex,
 - Alcohol and tobacco use,
 - Obesity,
 - Its length.

Infectious Esophagitis

- most commonly found in patients who are immunocompromised:
 - usually from cancer chemotherapy,
 - post-transplant antirejection medication
 - AIDS
 - DM
- *Candida albicans*
- herpes simplex virus type 1 (HSV-1)
- CMV



Candidal esophagitis

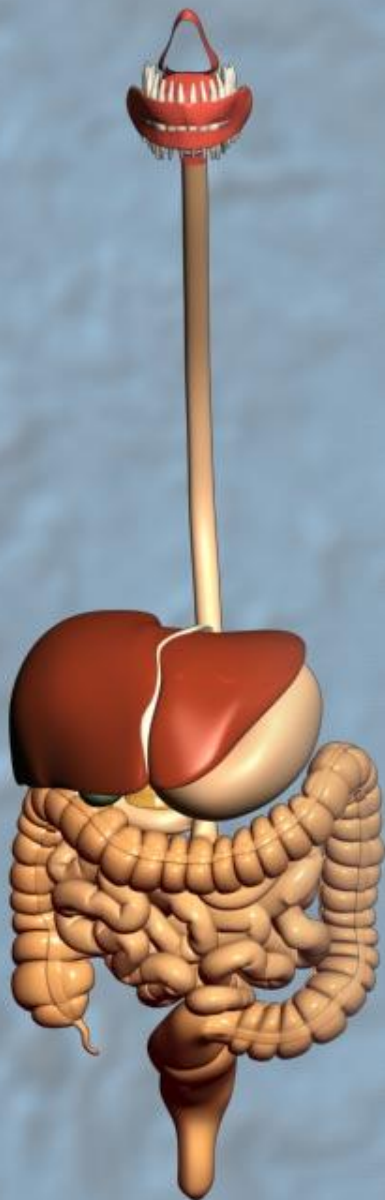


Endoscopic evaluation of the esophagus revealed an erythematous mucosa covered with white plaque like lesions through the esophagus.

Courtesy of Andres Gelrud, MD.

Pill-Induced Esophagitis

- commonly develops in patients, particularly the elderly, who are taking medication improperly (i.e., while supine or with too little liquid).
- It also occurs in patients with a preexisting abnormality, such as a stricture, diverticulum, or motor disorder.
- Pills adhere to the esophageal mucosa and cause necrosis and ulceration by the topical release of caustic medication



Pill esophagitis



Endoscopy revealed superficial ulcerations with bleeding localized in the proximal esophagus at the level of the aortic arch. The mid and distal esophageal mucosa appeared normal.
Courtesy of Andres Gelrud, MD and Kenneth Falchuk, MD.

ANY
QUESTIONS??

