New Study Finds Summer is Peak Season for Diagnosis of Esophagus Disorder
Another Study Suggests Heartburn Could be Caused by Eosinophilic Esophagitis, not Reflux

Orlando, FL, October 6, 2008 – Most people who experience chronic heartburn have symptoms that are caused by gastroesophageal reflux disease, or GERD. Two new studies presented at the 73rd Annual Scientific Meeting of the American College of Gastroenterology examined eosinophilic esophagitis (EoE), a condition that can mimic symptoms of GERD, in a small proportion of people. The first study found that the diagnosis of EoE, previously termed “allergic esophagitis,” peaked during the summer months. The second analysis reviewed a case series of heartburn patients who underwent surgery to treat GERD, but who were found later actually to suffer from EoE.

Dr. Evan Dellon and his colleagues at the University of North Carolina in Chapel Hill conducted a retrospective analysis of newly diagnosed cases of eosinophilic esophagitis (EoE) between 2000 and 2007 from the University’s clinical and pathologic database. Researchers examined the distribution of dates of the diagnosis of EoE and compared this to the distribution of GERD patients who also had esophageal biopsies.

Summer is Peak Season for Eosinophilic Esophagitis
Researchers found that there was seasonal variation in the diagnosis of eosinophilic esophagitis cases, with the summer season (June – August) being the most common time to make the diagnosis, and with the highest number of cases diagnosed in August. Patients with GERD were diagnosed at a relatively constant rate.

EoE the Culprit, Not GERD, for Some Surgical Patients
In the second study, Dr. Dellon and his research team examined medical records of eight patients who had esophageal eosinophilia (high levels of eosinophils in the esophagus) and who had undergone prior Nissen fundoplication, an anti-reflux surgical procedure used to treat chronic heartburn in people whose condition cannot be controlled by either lifestyle changes or medication. Medical records were reviewed to determine if any of the patients were later found to have eosinophilic esophagitis.

Four of the eight patients who underwent surgery for presumed “refractory GERD” were subsequently found (post-operatively) to have EoE as the likely cause of their symptoms. Since GERD did not cause their heartburn symptoms, anti-reflux surgery did not work.

According to Dr. Dellon, “When considering patients with refractory GERD for Nissen fundoplication, especially those who are proton-pump inhibitor (PPI) non-responders, it may be prudent to perform upper GI endoscopy with esophageal biopsies to rule out
EoE prior to the surgery. The Nissen procedure will not likely be effective if EoE is actually the cause of the patient’s symptoms.”

**About Eosinophilic Esophagitis**

Eosinophilic esophagitis is a condition where high levels of eosinophils (a type of white blood cells) infiltrate the lining of the esophagus. Eosinophils contain multiple substances such as histamine that, when released, are responsible for typical allergy type symptoms. In some people, allergies to either foods or environmental factors could be the cause. The most common symptom of eosinophilic esophagitis is difficulty swallowing (dysphagia), which can lead to food impaction in the esophagus, a medical emergency. While the classic symptom of EoE is dysphagia without a history of heartburn, EoE may also be accompanied by symptoms that include heartburn, non-cardiac chest pain, and in children, feeding intolerance or failure to thrive.

Because eosinophilic esophagitis can mimic the symptoms of acid reflux disease, a biopsy of the esophagus is performed to distinguish the two conditions.

**About the American College of Gastroenterology**

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site [www.acg.gi.org](http://www.acg.gi.org) to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - both common and not-so-common. Organized by disease, state and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

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