Does your child have reflux or could there be more to it than that

Cody Elam
Otterbein University, cody.elam@otterbein.edu

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Esophagitis eosinophilic (EE) is defined as an inflammatory disorder of the esophagus resulting from an excess of eosinophils, a type of white blood cell. This condition is triggered by the release of eosinophils due to the exposure of various stimuli, including allergens, viral infections, and other irritants. The presence of eosinophils is often associated with symptoms such as dysphagia (difficulty swallowing), abdominal pain, and gastrointestinal bleeding.

Pathophysiology

The pathophysiology of EE involves a complex interplay of immune and inflammatory responses. Eosinophils are attracted to the esophageal mucosa by chemotactic factors released from various cell types, including mast cells and eosinophils themselves. These factors include cytokines such as interleukin-5 (IL-5), which is a potent eosinophil chemoattractant and activator.

The eosinophils then release their granules, which contain proteolytic enzymes and toxic proteins that damage the esophageal lining. This results in inflammation, edema, and tissue injury. Over time, this repetitive process can lead to fibrosis and stricture formation, which can cause further symptoms and complications.

Clinical Manifestations

Symptoms of EE can vary widely and may include:
- Dysphagia
- Heartburn
- Chest pain
- Abdominal pain
- Anemia
- Failure to thrive
- Irritability
- Abdominal discomfort

Diagnosis

Diagnosis of EE is often challenging due to the variable presentation of symptoms and the lack of specific diagnostic tests. A combination of symptoms and signs, along with endoscopic and histopathologic findings, is typically used to make the diagnosis.

Endoscopic examination may reveal eosinophils in the esophageal mucosa, often seen as white, nodular, or polypoid lesions. Histopathologic examination, which involves biopsies of the esophageal mucosa, is critical for confirming the diagnosis.

Treatment

Treatment of EE is focused on reducing eosinophilic infiltration and minimizing symptoms. Steps may include:
- Avoidance of known allergens and irritants
- Use of medications such as glucocorticoids or immunosuppressants
- Dietary modifications
- Surgery for strictures or perforations

Prognosis

The prognosis for EE depends on the severity of the disease and the effectiveness of treatment. With appropriate management, many patients experience improvement in symptoms and a reduced eosinophilic burden. However, recurrence is common, and long-term follow-up is essential to monitor for disease progression and complications.

References


Additional Sources


Conclusion

Eosinophilic esophagitis is a chronic disease with long-term persistence of eosinophilic inflammation (Schulz & Gold, 2013, p. 20). Timely recognition and diagnosis are crucial to prevent the long-term complications associated with EE, which include stricture formation, fibrosis, and potential for underlying malignancy. Early intervention with appropriate treatment is essential to achieve symptomatic relief and improve quality of life for patients with EE.