

## Question 16 – November 14

A 25 year old male patient presents with intermittent dysphagia to solid foods. An upper endoscopy is performed and the esophagus appears corrugated with white exudates and longitudinal furrows, and esophageal biopsies in both the proximal and distal esophagus reveal > 40 eosinophils per high-power field. Gastric biopsies are unremarkable. A 96 hour ambulatory pH test is also performed which is negative for significant acid exposure in the esophagus. The patient is then given a proton pump inhibitor (PPI) trial for 8 weeks and a repeat upper endoscopy is performed. Esophageal biopsies in both the proximal and distal esophagus reveal less than 10 eosinophils per high-power field.

The diagnosis is:

- A. Gastroesophageal reflux disease (GERD)
- B. Eosinophilic esophagitis
- C. PPI-responsive esophageal eosinophilia
- D. Eosinophilic gastroenteritis
- E. None of the above

**Answer:** C

PPI-responsive esophageal eosinophilia closely resembles eosinophilic esophagitis, but these patients have a good clinical and histologic response to sole treatment of PPIs. Some of these patients may even have no evidence of significant acid reflux. The clinical implications long-term of this diagnosis, when compared with eosinophilic esophagitis patients, has yet to be determined.

**Reference:**

ACG clinical guideline: Evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE). Dellon ES, Gonsalves N, Hirano I, Furuta GT, Liacouras CA, Katzka DA; American College of Gastroenterology. Am J Gastroenterol. 2013 May;108(5):679-92.