LYMPHOCYTIC ESOPHAGITIS: CLINICAL PHENOTYPE AND RISK FACTORS OF AN EMERGING DISEASE

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A Spanish case-control study of 32 lymphocytic esophagitis patients versus 84 eosinophilic esophagitis patients found distinct clinical phenotypes, with lymphocytic esophagitis affecting older women with cardiovascular comorbidities and showing poorer response to proton pump inhibitors.

KEY POINTS

- Lymphocytic esophagitis patients were significantly older than eosinophilic esophagitis patients (median 61 versus 41 years, p=0.0001), with 40.6% aged over 70 years, and showed female predominance (OR 3.62, p=0.0041) compared to male predominance in eosinophilic esophagitis.
- Cardiovascular comorbidities, hypertension, dyslipidemia, and diabetes predominated in lymphocytic esophagitis, while allergic comorbidities were less common (28.1% versus 71.4%, p=0.0001) and smoking was more frequent (37.5% versus 9.5%, p=0.0008).
- Normal endoscopy was more common in lymphocytic esophagitis at diagnosis (43.7% versus 16.7%, p=0.0036), but when abnormalities were present, esophageal strictures were more prevalent (33.3% versus 10%, p=0.023).
- Clinical response to proton pump inhibitor monotherapy was lower in lymphocytic esophagitis (59.3% versus 89.8%, p=0.0009), as was histological response (27.8% versus 63.3%, p=0.0082), and loss to follow-up was substantially higher (37.5% versus 4.8%, p<0.0001).
- The authors conclude that lymphocytic esophagitis appears to be a distinct entity with different pathophysiological mechanisms from eosinophilic esophagitis, representing the first Spanish case series on this emerging condition.

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