

UPDATED OVERVIEW OF CLINICAL CHARACTERISTICS AND UNDERLYING CAUSES OF DYSPHAGIA IN THE OUTPATIENT SETTING: REAL-LIFE EXPERIENCE FROM A TERTIARY CENTRE

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Poster

Oesophagus

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In a retrospective cohort of 78 outpatients with incident dysphagia, eosinophilic esophagitis was the most common diagnosis (15.4%), followed by achalasia (9.0%), with systematic esophageal biopsies detecting EoE in 41.7% of cases without endoscopic features.

KEY POINTS

- Among 78 patients presenting with dysphagia to an outpatient gastroenterology clinic (June–December 2022), eosinophilic esophagitis (EoE) was identified in 12 patients (15.4%) and achalasia in 7 patients (9.0%).
- Esophageal biopsies were performed in 52 of 78 patients (66.6%), with 28 showing histologic abnormalities; notably, 5 of 12 EoE cases (41.7%) had no mucosal endoscopic evidence of the disease.
- High-resolution manometry, performed in 22 patients after negative endoscopy and/or histology, showed abnormal findings in 77.3% of tests, with achalasia being the most common manometric diagnosis.
- The authors propose that biopsies should always be performed in patients with dysphagia regardless of endoscopic findings, reporting that systematic biopsy increased diagnostic yield by 20%.
- The material is most relevant to gastroenterologists evaluating dysphagia in outpatient settings and considering diagnostic algorithms for this symptom.

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