LYMPHOCYTIC ESOPHAGITIS IS CLINICALLY AND ENDOSCOPICALLY DIFFERENT FROM EOSINOPHILIC ESOPHAGITIS

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A retrospective comparison of 30 lymphocytic esophagitis and 59 eosinophilic esophagitis patients from UK and Italian centres found significant differences in demographics, clinical presentation, comorbidities, and endoscopic features between the two conditions.

KEY POINTS

- Lymphocytic esophagitis patients were older (median 53 vs 38 years, p=0.005), more often female (46.7% vs 18.6%, p<0.01), and had autoimmune diseases more frequently (46.7% vs 13.6%, p=0.001) compared to eosinophilic esophagitis patients.
- Dysphagia and food bolus impaction requiring endoscopic removal were less common in lymphocytic esophagitis (60.0% and 6.7%) than eosinophilic esophagitis (88.1% and 67.8%), with p<0.01 and p<0.001 respectively.
- Atopy was much less frequent in lymphocytic esophagitis patients (13.3% vs 79.7%, p<0.001), as were increased serum IgE (6.7% vs 53.7%, p<0.001), atopic dermatitis, and allergic rhinitis.
- Endoscopic features including edema, rings, exudates, and furrows were all significantly less frequent in lymphocytic esophagitis than eosinophilic esophagitis (p<0.05 for all).
- Histological or symptomatic response to proton pump inhibitors was lower in lymphocytic esophagitis, with statistical significance when any dose was considered but not when restricted to doses of 40mg/day or higher.

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