

Take home message

- Alarm symptoms
- Endoscopy is important in diagnosis
- Chronic inflammation can lead to strictures and malignancy
- Consider NERD and functional reflux

The background is a solid purple color. It features several decorative elements: a large, irregular shape in the upper center filled with a pattern of small white dots; a smaller, similar dotted shape in the upper left corner; a dotted shape in the lower left corner; and several smooth, organic, light-purple shapes scattered across the page, including one on the right side and one on the left side.

CASE 2

Case

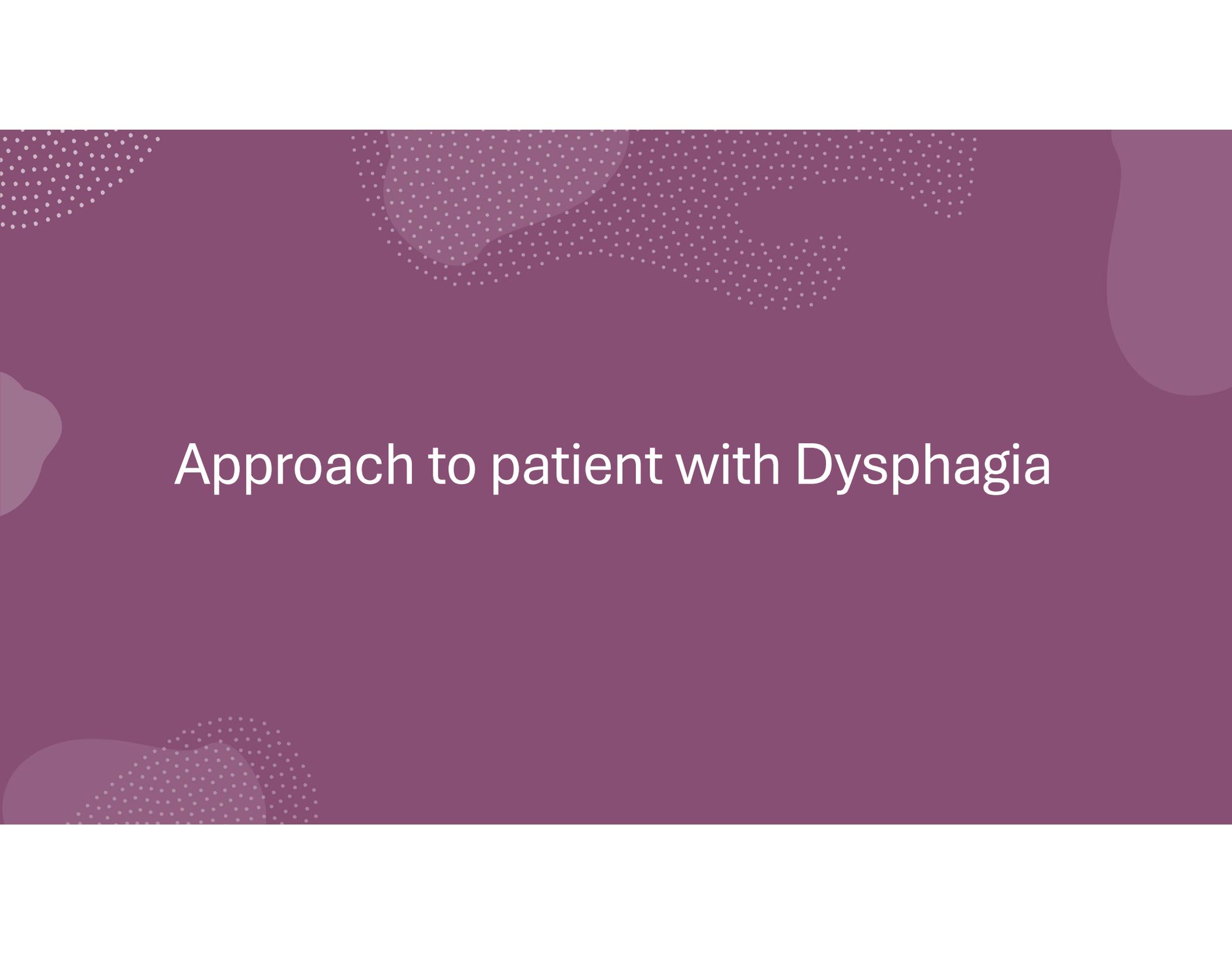
- 34 years old man presented with intermittent dyspepsia and dysphagia 5 years.
- He noted that occasionally he feels food get stuck in oesophagus but after a few minutes these symptoms resolve after glass of water
- Never had a presentation with food bolus
- No issues with swallowing fluids
- Gets reflux symptoms and takes Omeprazole 20mg every morning for last 9 months and symptoms doesn't really improve.
- No LOA; no LOW, no GI bleeding symptoms, no nausea or vomiting

- PMHx: Nil
- FHx: Father has MI and diabetes, Mother has history of asthma
- Social Hx: Works as an electrician, does not smoke, social ETOH,
Moved to Auckland 2 years ago and previously lived in Taupo
- Physical Exam: Unremarkable

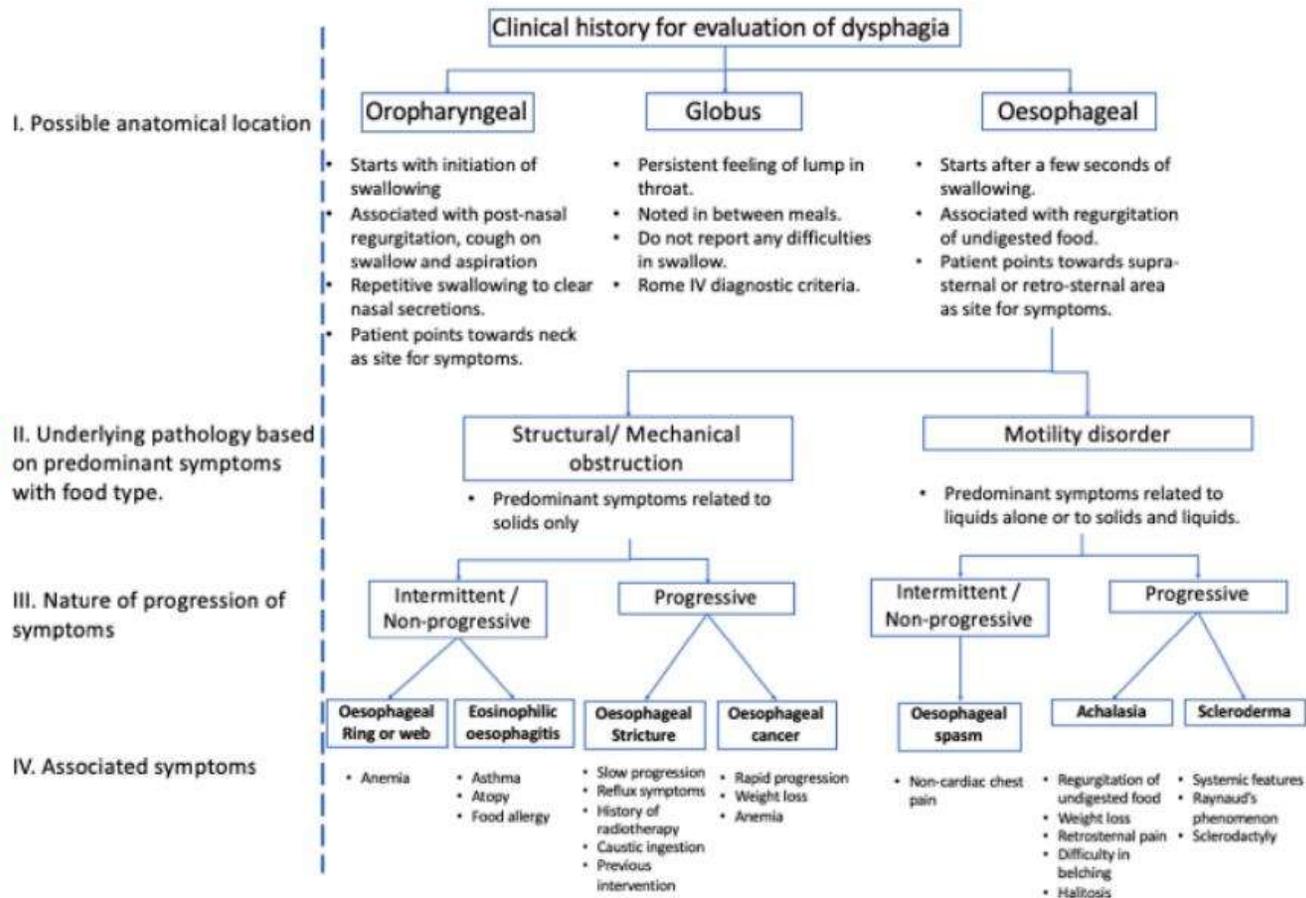
- Normal FBC, LFTs, U&E, TFTs, Coeliac serology

Endoscopy

- Gastroscopy performed 2 year ago in regional hospital
- Reported no stenosis and no gastritis
- Gastric biopsies were normal, no biopsies performed in the esophagus

The background is a solid purple color. It features several decorative elements: a pattern of small white dots in the upper left and upper right corners, and several large, soft-edged, organic shapes in a lighter shade of purple scattered across the page.

Approach to patient with Dysphagia



Nigam GB, Vasant DH, Dhar A

Curriculum review : investigation and management of dysphagia

Frontline Gastroenterology 2022;13:254-261.

Clinical history for evaluation of dysphagia

I. Possible anatomical location

Oropharyngeal

- Starts with initiation of swallowing
- Associated with post-nasal regurgitation, cough on swallow and aspiration
- Repetitive swallowing to clear nasal secretions.
- Patient points towards neck as site for symptoms.

Globus

- Persistent feeling of lump in throat.
- Noted in between meals.
- Do not report any difficulties in swallow.
- Rome IV diagnostic criteria.

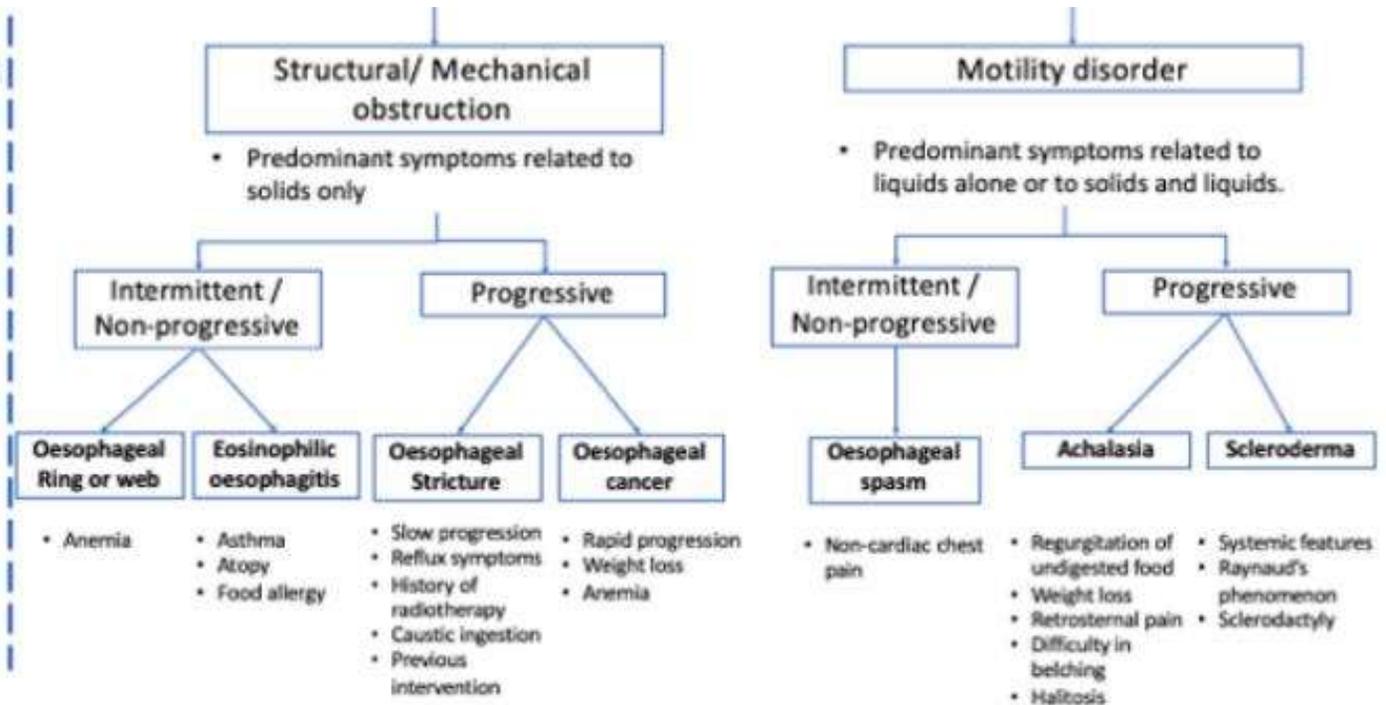
Oesophageal

- Starts after a few seconds of swallowing.
- Associated with regurgitation of undigested food.
- Patient points towards supra-sternal or retro-sternal area as site for symptoms.

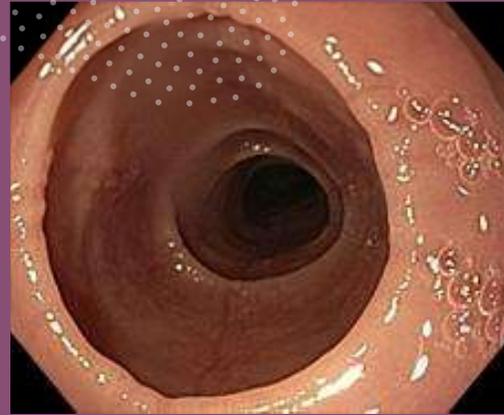
II. Underlying pathology based on predominant symptoms with food type.

III. Nature of progression of symptoms

IV. Associated symptoms



Endoscopy



Microscopy.

Sections show squamous oesophageal mucosa with numerous intraepithelial eosinophils scattered singly and forming eosinophilic microabscesses. More than 50 eosinophils / hpf are present. The squamous epithelium shows basal cell hyperplasia and intraepithelial oedema. No glandular mucosa, pathogens, dysplasia or malignancy is seen.

Comment: Eosinophils in large numbers, especially in the mid and proximal oesophageal biopsies suggest the diagnosis of eosinophilic oesophagitis, if clinically and endoscopically suspected.

BIOPSY UPPER OESOPHAGUS
SQUAMOUS OESOPHAGEAL MUCOSA WITH HYPEREOSINOPHILIA, CONSISTENT WITH
EOSINOPHILIC OESOPHAGITIS

•

Histology