

The Role of Dilation in Children with Eosinophilic Esophagitis

Lead Author: Christine Rodhouse,
University of Florida

Secondary Authors: Janice Taylor, MD; Christopher Jolley, MD; Moiz Mustafa, MD; Genie Beasley, MD; Shawn Larson, MD; Saleem Islam, MD
University of Florida

Purpose:

Eosinophilic esophagitis (EoE) is an increasingly common diagnosis in children. Medical therapy involves the use of topical steroids, dietary changes, and treatment of reflux; however a number of patients have persistent dysphagia and require esophageal dilation. The purpose of this report is to better understand management of EoE in children and current use of esophageal dilation.

Methods:

A single center retrospective study looking at children and adolescents (0-24 years to capture dilations) diagnosed with EoE was performed. Patients selected had to have records available for treatment and response. Data regarding demographics, diagnosis, treatment, and dilation use was collected. Descriptive and comparative statistics were performed, and a p value of <0.05 was considered significant.

Results:

A total of 177 cases of EoE were found with a mean age of 16.05 years. 71% were male, 81% Caucasian, and 51% had commercial insurance. Dysphagia (58.8%) was the most common presenting symptom, followed by abdominal pain (39%). Topical swallowed steroids were used in all patients initially and 91% were also started on PPI. Seventeen cases (9.6%) required esophageal dilation due to persistent dysphagia (77%), or esophageal stricture (46%). Majority underwent bougie dilation, and over half required repeated dilation over 2-24 month intervals. All cases reported resolution of dysphagia after each dilation and there were no complications noted. The table shows differences between dilation and non dilation groups.

Conclusion:

EoE is a common diagnosis in children and adolescents with a majority responding to medical management. Dilation was a safe and effective therapy in patients with continued and persistent symptoms, particularly dysphagia. Patients who have continued dysphagia should be considered for dilation early. Further, larger studies may help to better define the patients who would benefit from dilation.

	Dilation (n=15)	Non-dilation (n=160)	P value
Age at dx. (years)	12.35	10.63	0.075
Male gender (%)	76.5	80	0.753
Caucasian race (%)	82.4	80.6	1.0
Dysphagia at presentation (%)	94.1	55	0.001*
Stricture on initial scope (%)	35.3	1.8	<0.0001*
# of eosinophils	52	50	0.835
Food allergies (%)	70.6	64.4	0.791
Other allergies/atopy (%)	52.9	81.8	0.010*
Duration of sx. (yrs.)	5.6	4.65	0.179