

PRESS RELEASE

Oesophagitis: Pandemic in the Western world

Dysphagia can be triggered by allergies – Heartburn is often the beginning of a serious condition – Oesophageal complaints are all too often underestimated during pregnancy

(Vienna, 21st October 2008) Dysphagia and pharyngeal reflex up to vomiting, blockages in the oesophagus, dyspnoea, panic – people suffering from eosinophilic oesophagitis (EO) often have to forego a considerable share of their quality of life. “The condition is an inflammation of the oesophagus triggered by an allergic reaction, which has only recently been discovered. EO probably appeared for the first time in the 1980s”, explained Professor Peter Malfertheiner from Magdeburg University Hospital/Germany at the 16th United European Gastroenterology Week UEGW.

Eosinophilic oesophagitis is on the increase

Initially, EO was seen as something of a rarity. Yet reported cases are now on the increase in all developed countries. Surveys conducted in Switzerland show that 30 inhabitants per 100,000 currently suffer from the condition, whilst studies in the USA put the figure at 43 per 100,000 with children being most at risk. 70 per cent of recorded cases occur in males. The condition can be identified by the presence of an increased number of eosinophil granulocytes – a subcategory of leukocytes – in the mucous membrane. Diagnosis via oesophagoscopy proves problematic as this does not give a complete picture of the inflammation.

As EO is a relatively “new” disease, there is still very little information available concerning the long-term effects of the condition. It is, however, very probable that untreated EO will eventually lead to oesophageal stricture and stenotic scarring, which are ultimately linked to more serious complaints. EO is often treated with inhaled corticosteroids; a diet consisting of avoiding the allergens in question has yet to be identified. “The use of asthma medication is currently being investigated. This focuses on the leukocytes and palliates the inflammation. Monoclonal antibodies also have a similar effect. Nevertheless, how effective this treatment actually is remains to be proven”, said Professor Malfertheiner.

New medication in the fight against heartburn and oesophagitis

One of the most common conditions of all is heartburn. Approximately 30 per cent of the population in the Western world suffers from this at least at some point in time and in up to 10 per cent of cases the reflux of stomach acid into the oesophagus can lead to chronic complaints or even tissue damage in the oesophagus. In most cases, the cause of gastro-oesophageal reflux disease (GORD) is incompetence of the lower oesophageal sphincter. Apart from the uncomfortable burning sensation, a minority of heartburn patients may have long-term inflammation, tissue damage and in some cases even ulcers, haemorrhaging and subsequent contraction of scar tissue. In a small subgroup of these patients, the anatomical changes in the mucosa can evolve to a preliminary stage of oesophageal cancer. Studies show that 10 per cent of the cases which present in a mild form at first will develop into chronic cases within five years or even involve tissue mutations, which can be a preliminary stage of cancer. People who have been suffering from GORD for a long time are particularly at risk. A tried and tested means against reflux diseases is the proton pump inhibitor. The proton pump inhibitor is a drug which inhibits an enzyme – the “proton pump” – and thus reduces hydrochloric acid secretion in the stomach. There is also the possibility of a surgical procedure, whereby a piece of the stomach is positioned around the cardia as a cuff and sutured in place. This reduces stomach acid reflux. Less reflux may be attainable in the future through the use of new medications, as Professor Daniel Sifrim from the University of Leuven/Belgium explained, “We are currently performing tests with drugs which affect particular neurotransmitters in the central nervous system – GABA_B receptor agonists – and which thereby control the sphincteric mechanism between the stomach and the esophagus. Preliminary animal and human testing has proven successful.”

Oesophageal complaints all too often underestimated during pregnancy

Pregnant women are particularly susceptible to heartburn. As complaints of this type are generally viewed as being “normal” during pregnancy, they are often not taken seriously enough. This can lead to genuine reflux diseases’ being overlooked. “It is safe to assume that the number of unreported cases is relatively high. Attending doctors should always bear the possibility of GORD in mind when such symptoms appear during pregnancy, as many patients would benefit from special treatment”, said Professor Malfertheiner. Regular use of proton pump inhibitors during pregnancy does not present a large risk. Mild or infrequent cases are generally treated with antacids.

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