

A Single-Center Experience in the Management and Follow Up of Patients with Esophagitis: A Retrospective Study



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Introduction

Gastroesophageal reflux disease (GERD) is a chronic condition in which the reflux of gastric content into the esophagus results in symptoms and complications, such as erosive esophagitis, Barrett's esophagus (BE), and esophageal adenocarcinoma. There are four grades of esophagitis increasing in severity from A to D.

In patients with esophagitis on initial endoscopic evaluation, the current ACG guidelines recommend repeat esophagogastroduodenoscopy (EGD) after a minimum 8-week of proton pump inhibitor (PPI) therapy, to ensure healing of esophagitis and to determine the presence of BE.

Our objectives were to characterize patients with esophagitis who presented to Saint Louis University Hospital (SLUH), understand practice patterns, and identify variables that predict disease progression and affect clinical outcomes.

Methods

We identified 256 patients who presented to SLUH for EGD for any indication between 2012 and 2018 and were found to have endoscopic diagnosis of esophagitis.

Laboratory and pathologic data were reviewed for initial and follow-up endoscopy. All categorical variables were analyzed by chi-square analysis. Analysis of variance (ANOVA) and t-tests were used for continuous data, and analysis was performed using SPSS version 27.0.

Discussion

Our study showed under-prescription of PPI in patients with esophagitis. Repeat EGD was only recommended for 28%, 32%, 49% and 57% of the patients with Grades A, B, C and D esophagitis, respectively.

Stronger efforts should be taken to help adhere to the guidelines in prescribing acid-suppressive medications and recommending repeat EGD for patients with esophagitis.

Development of esophageal cancer was the highest in those with Grade D esophagitis.

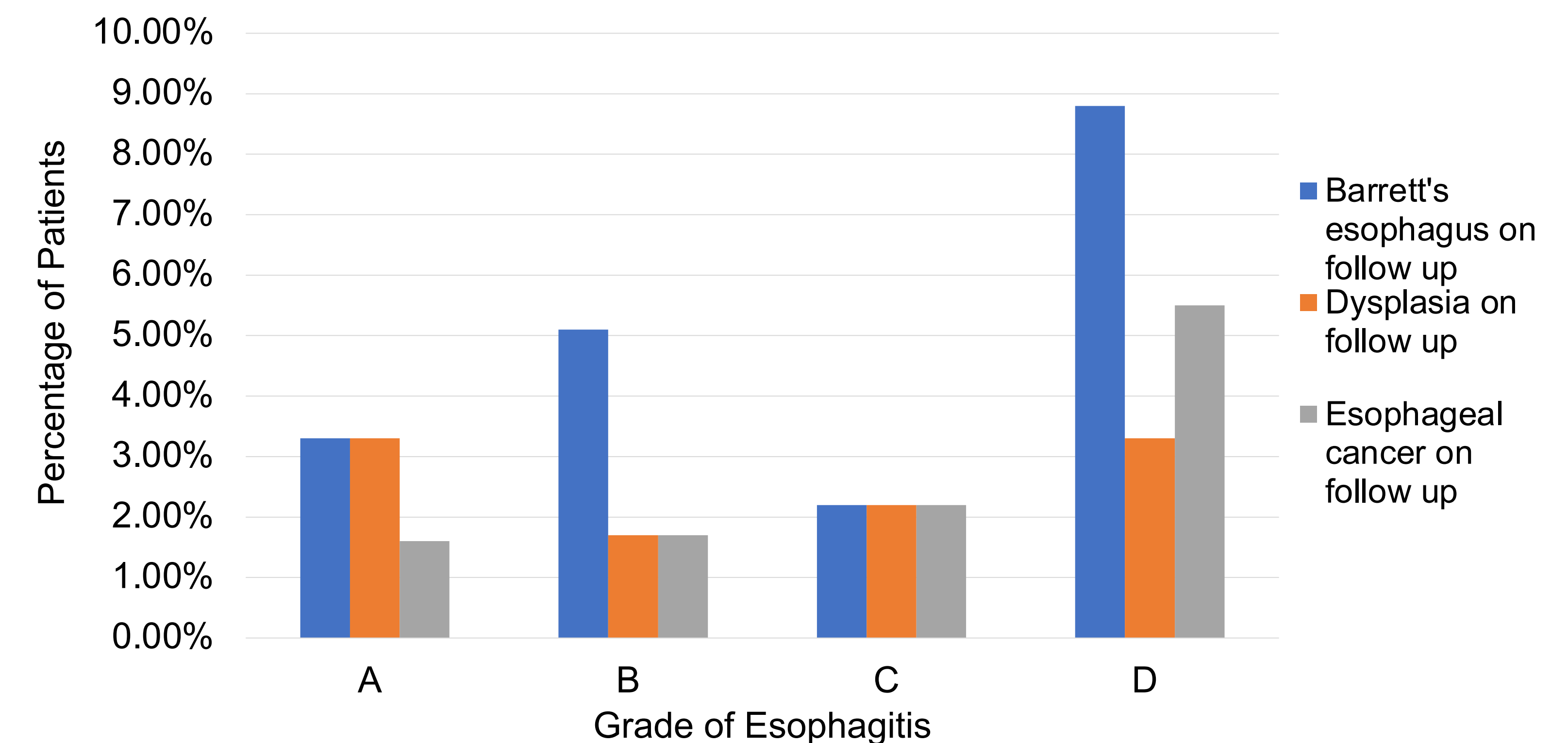
Larger studies are needed to evaluate the risk of BE or dysplasia in patients with Grades A and B esophagitis and to provide additional data on rates of development of BE or esophageal cancer in the respective groups.

Results

Grade of Esophagitis	PPI treatment recommended	Repeat EGD recommended	Repeat EGD performed	Barrett's esophagus present on follow up	Dysplasia present on follow up	Esophageal cancer present on follow up
A (N=61)	51 (84%)	17 (28%)	6 (35%)	2 (3.3%)	2 (3.3%)	1 (1.6%)
B (N=59)	40 (68%)	19 (32%)	4 (21%)	3 (5.1%)	1 (1.7%)	1 (1.7%)
C (N=45)	38 (84%)	22 (49%)	3 (14%)	1 (2.2%)	1 (2.2%)	1 (2.2%)
D (N=91)	74 (81%)	52 (57%)	19 (37%)	8 (8.8%)	3 (3.3%)	5 (5.5%)

Table 1. Patients with varying degrees of esophagitis on initial EGD with clinical recommendations and findings on follow up EGD

Endoscopic Findings on Follow Up EGD in Patients with Esophagitis



Graph 1. Patients with varying degrees of esophagitis and findings on follow up EGD