

COMPLICATIONS AND TREATMENT OUTCOMES OF LYMPHOCYTC ESOPHAGITIS: RESULTS FROM A LARGE TERTIARY CENTER COHORT

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BACKGROUND

Lymphocytic esophagitis (LE) is a chronic inflammatory condition characterized by dysphagia and stricturing due to lymphocytic infiltration of the esophagus. LE is rare, has a varied clinical presentation, and can be difficult to diagnose, leading to uncertainty regarding potential complications and therapeutic outcomes.

AIMS

We sought to characterize long-term outcomes of patients with lymphocytic esophagitis.

METHODS

Patients diagnosed with LE between July 1, 2011, and Dec 30, 2021, at a single tertiary care center were identified. LE was defined histologically by ≥ 10 lymphocytes per high powered field. Treatment responsive LE was defined by patient reported symptom resolution at last follow-up

RESULTS

162 LE patients were included with a mean age at diagnosis of 57.5 (SD: 19.4) years and a slight female predominance (56.8%). Basic demographics are shown in table 1. The most common presenting symptom was dysphagia (74.7%) followed by heartburn or reflux (46.9%).

Co-existent conditions included iron deficiency anemia (17.3%), Crohn's disease (14.2%), history of gastroesophageal reflux disease (58.0%), and connective tissue disorders (11.7%).

RESULTS

Endoscopic features in LE

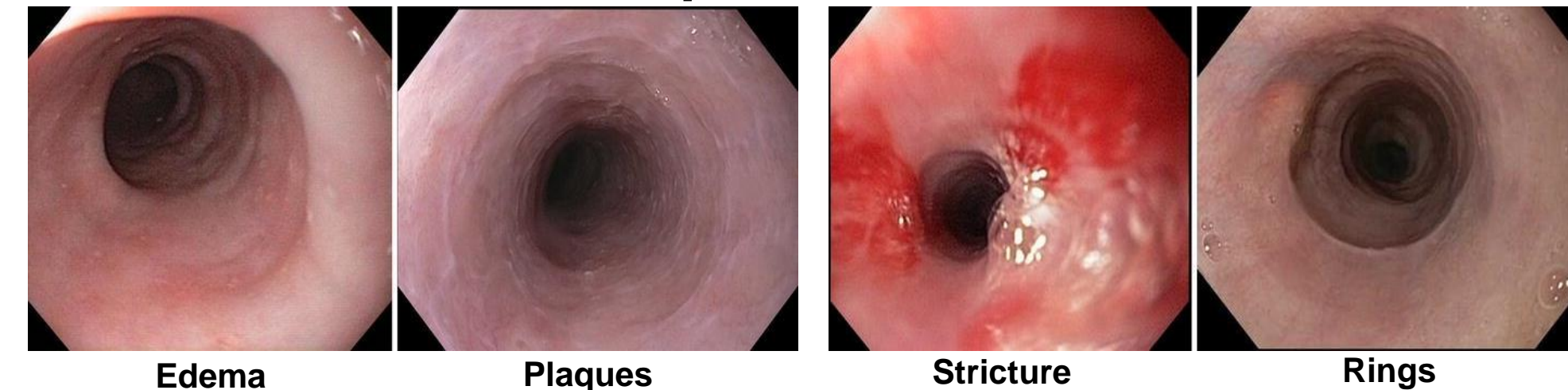


Table 1: Basic Demographics of LE Patients

Race	
White	141 (87.0%)
Black	12 (7.4%)
Other	9 (5.5%)
Gender	
Female	92 (56.8%)
Average Age at Diagnosis (SD)	57.5 (19.4)
Average BMI at diagnosis (SD)	26.8 (6.3)
Strictures	37 (22.8%)

Strictures affected 22.8% of patients and were predominantly found in the proximal (37.8%) and mid (59.4%) esophagus. Factors associated with stricture formation are shown in table 2.

40 patients had more than 2 follow-up visits with median follow up of 27.5 (SD: 23.8) months. 151 (93.2%) patients reported symptom resolution at last follow-up. 33 (21.9%) improved without specific therapy. Notably, topical steroids were associated with persistent symptoms while observation alone with clinical resolution, suggesting an aggressive LE phenotype.

RESULTS

Table 2: Associations with Strictures

	Stricture present (N=37)	No stricture (N=125)	P-value
Demographics			
Race			
White	33 (89.2%)	108 (86.4%)	0.48
Gender			
Female	27 (73%)	65 (52%)	0.02
Never smoker	14 (37.8%)	56 (44.8%)	0.72
Symptoms			
Dysphagia	33 (89.2%)	88 (70.4%)	0.02
Odynophagia	12 (32.4%)	19 (15.2%)	0.02
Loss of appetite	9 (24.3%)	6 (4.8%)	<0.01
Endoscopic findings			
Rings	24(64.9%)	32(25.6%)	<0.01
Linear furrows	36(97.3%)	19(15.2%)	<0.01
White exudates/plaques	5 (13.5%)	3 (2.4%)	<0.01
Treatment			
Observation	1(2.7%)	32(25.8%)	<0.01
Oral Steroids	15(40.5%)	13(10.4%)	<0.01
Topical/Intralesional steroids	14(37.8%)	7(5.6%)	<0.01
PPI	26(70.3%)	86(68.8%)	0.86
Esophageal Dilatation	34(91.9%)	11(8.9%)	<0.01

Female gender, extra-esophageal sites of lymphocytic involvement (particularly in the colon), and persistent PPI treatment were associated with persistent symptoms and may also indicate a more aggressive phenotype.

CONCLUSION

LE has a benign clinical course with a significant number of patients requiring no specific therapy. A more aggressive stricturing phenotype exists particularly in female patients who have exudates on endoscopy.