



Eosinophilic esophagitis: time for clinical practice

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Eosinophilic esophagitis (EoE) has rapidly increased from a rare disease to common one. In 2008, upper gastrointestinal endoscopy was performed for 4188 patients in our institute, but no EoE was diagnosed. Ten years later, 24 EoE cases (0.33%) were found among 7275 investigated patients. In the study by Kinoshita et al., the prevalence of EoE in Japan shows a steady increase from 0.02 to 0.05% in 2012, 0.13% in 2013, 0.07–0.20% in 2014, and 0.4% in 2016 [1]. The prevalence of EoE is increasing worldwide [2], and the recent study by Tanaka et al. reports the detection rate of EoE was 0.45% (27/5964 persons) [3]. From the studies including ours, the prevalence of EoE is relatively similar (0.33–0.45%) in Japan.

EoE is a chronic and allergic inflammatory disorder and is defined by the eosinophilic infiltration of esophageal biopsy specimens (≥ 15 for high-powered field) and the symptoms of dysphagia, food impaction, chest pain, and vomiting. Compared to Western countries, majority of EoE in Japan are diagnosed with no or mild symptoms by the upper gastrointestinal endoscopy for a health check-up.

The most important diagnostic procedure is the upper gastrointestinal endoscopy. Linear furrows, multiple concentric rings (trachealization), white exudates or plaque, narrow or diffuse stricture are considered to be the characteristics of EoE [4]. Recently Ishimura et al. reported a novel endoscopic finding, namely “Ankylosaurus back sign (ABS)”. ABC is defined as the presence of a linear longitudinal arrangement of whitish nodules [5]. In fact, the detection rate of EoE depends on the skill or experience of the endoscopists [6]. A simple and easily understood endoscopic finding to suspect EoE is required. Recently, I named the endoscopic finding of EoE as “Caterpillar sign”, because two linear furrows with multiple concentric rings are similar to the trace of Caterpillar. “Caterpillar sign” might be useful to diagnosis EoE in clinical practice.

Most Japanese patients with EoE have no or mild symptoms at the time of diagnosis and indicate no or slow progression [7]. However, EoE induces the esophageal structure and is also the pediatric disease [2]. Various therapies for managing EoE include proton pump inhibitor, diet therapies, swallowed topical steroids, and endoscopic dilations. There are no available options in Japan under the national insurance. Insurance adaptation drug is urgently required because of the rapid increase of EoE in Japan.

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Compliance with ethical standards

Ethical Statement This article does not contain any studies with human or animal subjects performed by the any of the authors.

Conflict of interest The authors declare that they have no conflict of interest.

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