



PIC QUESTION OF THE WEEK: 12/25/06

Q: Is there an indication for using fluticasone to treat eosinophilic esophagitis?

A: Eosinophilic esophagitis (EE) is an allergic inflammatory disorder occurring within the esophagus. The antigenic stimulus for this condition is variable, but may include sensitivity to foods and other environmental factors. Atopic conditions such as asthma and dermatitis may predispose individuals to EE. The clinical presentation of EE consists of dysphagia, chest or abdominal pain, heartburn, vomiting, etc. It can result in narrowing of the esophagus and food impaction. This recently described disorder is often difficult to distinguish from gastroesophageal reflux disease (GERD). It can occur at any age, but is more common in children and young adults. EE appears to have a strong genetic predilection. After exposure to specific antigens, eosinophils infiltrate esophageal tissue and release multiple pro-inflammatory mediators such as leukotrienes, cationic proteins, prostaglandins, etc. The presence of reflux symptoms unresponsive to adequate doses of acid suppressant is suggestive of possible EE; however, the diagnosis must be based on endoscopic evaluation and biopsy evidence of eosinophilic infiltration. The treatment guidelines for EE have not been clearly defined. Options include elimination/avoidance diets, esophageal dilation, antihistamines, cromolyn sodium, systemic and topical corticosteroids, leukotriene receptor inhibitors, and monoclonal antibodies. Fluticasone propionate is a topical corticosteroid used by inhalation for chronic asthma (Flovent) and intranasal administration for allergic rhinitis (Flonase, etc.). *Oral administration* of the inhalation product has produced significant benefit in some patients with EE. In one trial, a dose of 440 mcg of the metered aerosol (two activations) *swallowed* twice daily for three months was effective in not only improving clinical symptoms, but inducing histological remission. Patients were advised not to use a spacer and refrain from eating or drinking for 30 minutes after administration. Another trial reported comparable results using a similar dose twice daily for one month. The only reported adverse effect in treated patients has been mild esophageal candidiasis. *Orally* administered fluticasone appears to be an interesting and effective option for the management of EE.

References:

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