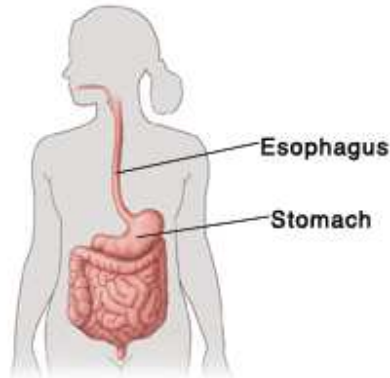


Esophagitis

Esophagitis is the inflammation of the esophagus (the muscular tube that carries food from the throat to the stomach).



Description

The two principal types of esophagitis are corrosive esophagitis and reflux esophagitis.

Corrosive esophagitis

is caused by swallowing of caustic chemicals (acid or lye) accidentally or in a suicide attempt. The severity of the inflammation depends on the type, amount, and concentration of caustic chemical swallowed. Immediately after swallowing such a chemical, there is severe pain and edema in the throat and mouth. Antidotes are of limited value and gastric lavage must be avoided as this may only increase the damage. Treatment consists mainly of reducing pain and providing nursing care.

Reflux esophagitis or Gastroesophageal Reflux Disorder (GERD)

is a very common condition. The cause is poor functioning of the musculature of the lower esophageal segment, which permits reflux of the stomach's contents.

Causes

Chemicals especially likely to cause very severe corrosive esophagitis include cleaning or disinfectant solutions. Factors that contribute to the development of reflux esophagitis include the caustic nature of the refluxate, the inability to clear the refluxate from the esophagus, the volume of gastric contents, and local mucosal protective functions. Poor lower esophageal segment functioning may be associated with a hiatal hernia, in which the top part of the stomach slides back and forth between the chest and the abdomen. Symptoms may be worsened by alcohol, smoking, sedentary lifestyle and obesity.

Symptoms

The main symptom of reflux esophagitis is heartburn, with or without regurgitation of gastric contents into the mouth, which worsens on bending over. Complications of GERD include esophagitis and possibly massive but limited hemorrhage.

Treatment

Treatment of corrosive esophagitis involves reducing pain and making the patient comfortable. Gastric lavage is to be avoided in that it may worsen the condition. Development of a severe esophageal stricture may require dilatation and perhaps surgery. Uncomplicated GERD may be tolerated for many years with good response to medical therapy. Management consists of:

- Elevating the head of the bed.
- Avoiding strong stimulants of acid secretions (e.g., coffee, alcohol).
- Avoiding certain drugs (e.g., anticholinergics), specific foods (fats, chocolate), and smoking, all of which lower esophageal sphincter competence.
- Giving an antacid to neutralize gastric acidity and possibly increase lower esophageal sphincter competence.
- Use of cholinergic agonists to increase sphincter pressure.
- Use of H₂ agonists to reduce stomach acidity.