Conclusion: The normative values for the new Dx-pH catheter probe compares favorably to the accepted gold standard pH monitoring device. Future studies can focus on comparative evaluations between patients with and without GERD using the Dx-pH catheter probe.

74

Coexistence of Barrett’s Esophagus and Eosinophilic Esophagitis
Cristina Almansa, MD, Herbert Wolfsen, MD, Kenneth Devault, MD, Sami R. Achem, MD∗. Gastroenterology, Mayo Clinic, Jacksonville, FL.

Purpose: The interaction between gastroesophageal reflux (GERD) and eosinophilic esophagitis (EoE) is complex. There is a high prevalence of GERD symptoms in patients with EoE. Patients with GERD have increased eosinophils in the esophageal epithelium. EoE may cause exudates and strictures but it is unclear whether complications such as Barrett’s esophagus occur in EoE. Purpose: 1. Determine the prevalence of Barrett Esophagus (BE) in patients with Eosinophilic esophagitis (EoE). 2. Compare the demographic, clinical and endoscopic features of patients with EoE to those with EoE and BE.

Methods: Retrospective review of our series of consecutive patients with EoE (N = 71) evaluated in the last year. EoE was diagnosed if >20 E/HPF were identified. BE was diagnosed when “salmon-like” epithelium was seen in the tubular esophagus and biopsy confirmed intestinal metaplasia.

Results: Barrett’s esophagus was found in 14% (10/71) patients with EoE. Six had long segment BE (≥3 cm) and 4 a short segment BE. Demographics, clinical and endoscopic features are summarized below:

Conclusion: BE coexists in 14% of patients with EoE. Endoscopists should be aware of the potential occurrence of these two common disorders on the same patient. Esophageal symptoms of GERD and dysphagia overlap in these patients. Subjects with BE and EoE are more likely to have GERD symptoms and hiatus hernia while those with EoE without BE are more likely to have dysphagia and rings. A substantive proportion of patients with BE and EoE has peripheral eosinophilia and allergies. Further studies are needed to determine the potential interactions between these two common entities.

Demographics and Symptoms
<table>
<thead>
<tr>
<th>Disorder</th>
<th>N</th>
<th>Mean Age (range)</th>
<th>White race</th>
<th>GERD</th>
<th>Dysphagia impactation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EoE + BE</td>
<td>10</td>
<td>58 (18–88)</td>
<td>9 (90%)</td>
<td>9 (90%)</td>
<td>6 (60%)</td>
</tr>
<tr>
<td>EoE – BE</td>
<td>61</td>
<td>51 (19–71)</td>
<td>40 (66%)</td>
<td>31 (51%)</td>
<td>49 (80%)</td>
</tr>
</tbody>
</table>

Endoscopic Findings, History of Allergies and Eosinophilia
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Hiatus Hernia</th>
<th>Rings</th>
<th>Furrows</th>
<th>White Lesions</th>
<th>Distal Ring</th>
<th>Periph</th>
<th>Eosinophilia</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>EoE + BE</td>
<td>9 (90%)</td>
<td>4 (40%)</td>
<td>4 (40%)</td>
<td>4 (40%)</td>
<td>7 (70%)</td>
<td>6 (60%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EoE – BE</td>
<td>22 (36%)</td>
<td>37 (61%)</td>
<td>15 (25%)</td>
<td>11 (19%)</td>
<td>11 (19%)</td>
<td>17 (35%)</td>
<td>31 (51%)</td>
<td></td>
</tr>
</tbody>
</table>

75

Adenocarcinoma of Esophagus and Cardiosophageal Junction (CEJ): 10 Year Experience
Edward S. Friedman, MD, Anu K. Mathew, MD, Cameron Kjaifar, DO, Richard Gerkin, MD, Kathleen M. Rogers, CTR, Francisco C. Ramirez, MD∗. Gastroenterology, Carl T. Hayden V A Medical Center, Phoenix, AZ and Medicine, Banner Health Good Samaritan Hospital, Phoenix, AZ.

Purpose: Adenocarcinoma (AdenoCA) of the esophagus and CEJ has been on the rise in the Western population. To determine the outcomes, and predictors of survival in patients diagnosed with esophageal and CEJ AdenoCA.

Methods: The endoscopic database of patients undergoing EGD were retrospectively reviewed and analyzed for patients diagnosed with esophageal and CEJ AdenoCA. Treatment modalities (none, Chemotherapy/XRT, surgery, and stent placement), their complications, and survival rates for each cancer stage were obtained. Setting: VA medical center. Study period: 1997–2006. Statistics: Survival analysis with Kaplan Meier curves, Cox regression, and Chi square.

Results: There were 78 patients with esophageal AdenoCA and/or CEJ. The average prevalence per year was 0.49%. Only 4 patients had EGDs prior to diagnosis of AdenoCA with an incidence rate of 0.36%. The majority of patients were diagnosed as de novo AdenoCA. The mean age at diagnosis or stage did not vary over time.

From 1997 to 1999, up to 47.7% of patients were surgically treated; thereafter this decreased to 19% while Chemotherapy/XRT increased to 45%. Early stage detection of esophageal and CEJ adenocarcinoma did not improve over time. Staging, chemo/xrt, and year of diagnosis were all independent predictors of improved survival. For every year since diagnosis was made, the survival rate was 13.1% better. Chemotherapy/XRT vs all other treatment options had a 50% better survival. The survival curves for each stage are shown in the Figure.

The complication rate for esophageal stents was significantly lower (16.6%) than surgery 60.7% (peri-operatively 47.7%, anastomotic stricture 13%) (P < 0.005). All other comparisons among treatment options were not significant. Tumor recurrence after surgery was seen in one-third of patients (7/23).

Conclusion: 1) There was no change in the incidence or early detection of AdenoCA over time. 2) Most presentations are de novo and have advanced disease. 3) There has been a shift in treatment modalities over the study period. 4) Survival was dependent on staging and treatment modality chosen [figure1].

Clinical Utility of the Bravo Capsule
Brian E. Lacy, PhD, MD, Andrew C. Dukowicz, MD, Lisa Paquette, RN, Douglas J. Robertson, MD, MPH, Julia Weiss, MS, Maurice L. Kelley, Jr., MD, Gastroenterology, Dartmouth-Hitchcock Medical Center, Lebanon, NH, Gastroenterology, WRJ VA Medical Center, White River Junction, VT and Community and Family Medicine, Dartmouth Medical School, Hanover, NH.

Purpose: The Bravo capsule is widely used to evaluate patients (Pts) with acid reflux symptoms. A preliminary study (Dukowicz et al. Am J Gastroenterol 2006; 101(9 Suppl:S48)) appears to show it to be clinically useful. Our aim was to prospectively evaluate the clinical utility of the Bravo capsule in a large series of Pts by determining whether it changes diagnosis, provides new information, or alters management.

Methods: Prior to Bravo capsule deployment, referring physicians completed a questionnaire requesting: indications for the test; symptoms; prior testing; and medication use. Demographic information was obtained from the Pt. Patients were studied either on or off acid-suppressing medications. Two weeks after the referring physician received the results of the test a follow-up questionnaire was sent asking whether the Bravo capsule provided new information, and whether test results changed the Pt’s diagnosis or management.