

Title:

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Clinical, endoscopic and histological characteristics of Mexican adult patients with eosinophilic esophagitis

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Dear Editor,

Eosinophilic esophagitis (EoE) has a high prevalence/incidence in Western Europe, Canada, United States and Australia, where it has significantly increased over the past three decades to the extent that some consider it as an epidemic (1,2). In Mexico and Latin America it is uncommon. The few prevalence studies performed in Mexico have shown a prevalence of 1.4 % in patients referred for esophagogastroduodenoscopy (EGD) (3) and 4 % in those with refractory gastro esophageal reflux disease (GERD) (4). These numbers are lower than those reported in Caucasians. Thus, its clinical characteristics

have not been defined. We studied 38 adult patients with EoE referred to two centers in the northeast of Mexico, from 2007 to 2021. The mean age was 40.3 ± 15.5 years, 65.8 % were male and 60.5 % had atopic history. In addition, 68.4 % showed dysphagia, 71.1 % presented typical symptoms of GERD (heartburn/regurgitation) and esophageal food impaction was found in only 18.4 %. The duration of the symptoms before diagnosis was from four to 20 years. On endoscopy, 68.4 % showed at least one of the typical signs of EoE. Histological examination of esophageal mucosa reported a mean eosinophil count of 38.1 ± 18.8 /HPF and subepithelial fibrosis in 11.4 %; 36.8 % showed *Helicobacter pylori* (Hp) infection in gastric mucosal biopsy.

Discussion

This study was performed with the greatest number of EoE adult patients in Mexico and Latin America to date, suggesting that it is an uncommon disease among our population and that patients have similar risk factors to Caucasians (age, gender and atopy). These patients had less Hp infection compared to that reported in the general Mexican population (66 %) (5). In contrast, the higher frequency of GERD symptoms and lower frequency of esophageal food impaction as a first symptom may suggest that an attenuated phenotype of EoE predominates in the Hispanic population. The causes of these disparities remain to be determined.

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