Ösophaguserkrankungen

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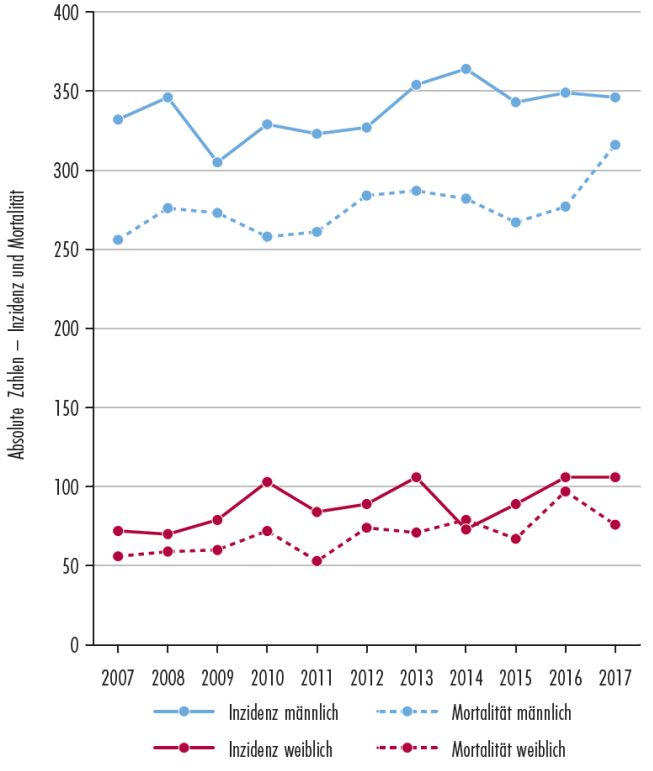
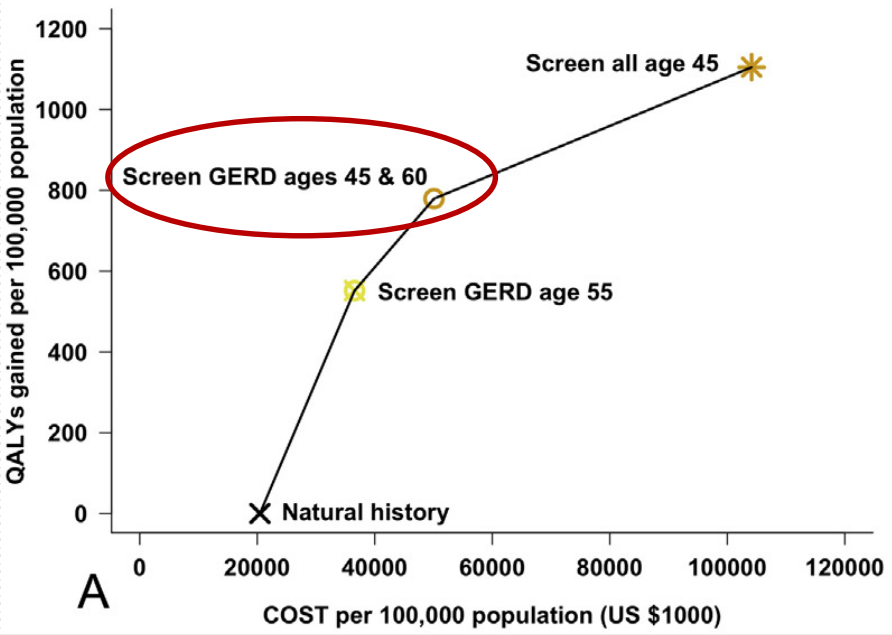
Ösophaguskarzinom

- Inzidenz in Österreich leicht steigend
- Vor allem Adenokarzinom zunehmend
- Risikofaktoren für Barrett-Karzinom
  - (♂, Raucher, Long-segment Barrett, Ernährung↓)
- Neoadjuvante multimodale Therapie verbessert 5 Jahres Überleben (FLOT-Schema)



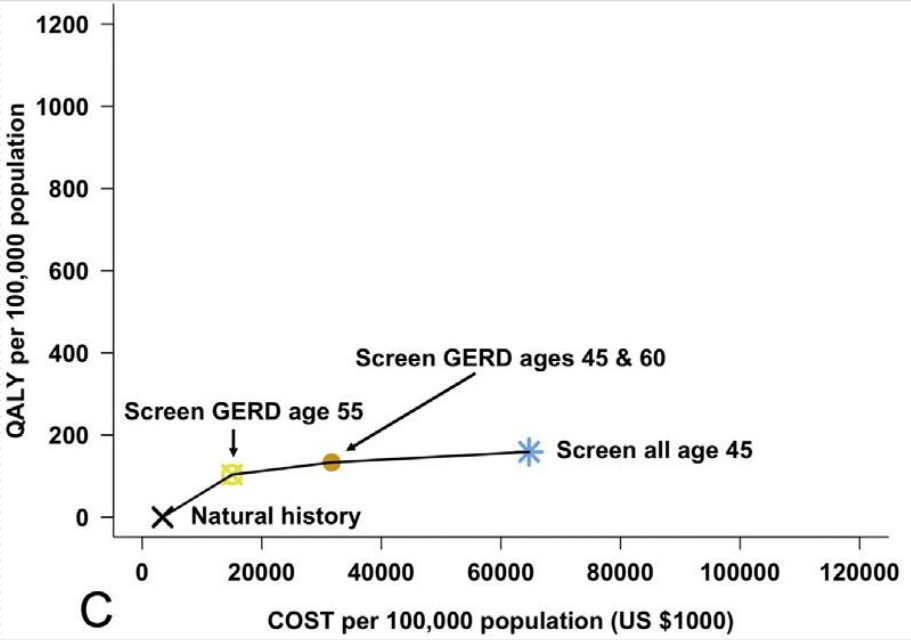
Endoscopic Screening Program for Control of Esophageal Adenocarcinoma in Varied Populations: A Comparative Cost-Effectiveness Analysis

Weiße **Männer** mit GERD in USA



536 EAC deaths without sreening

Weiße **Frauen** mit GERD in USA

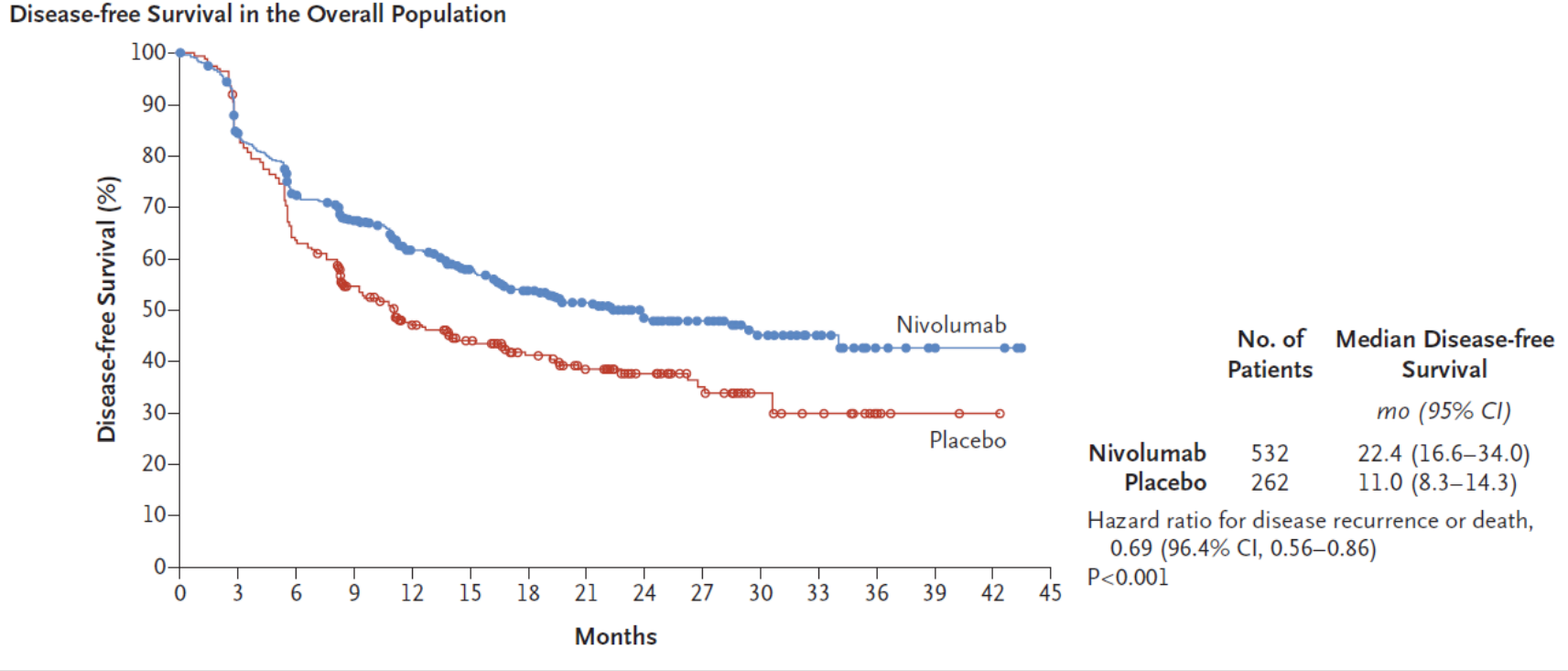


103 EAC deaths without sreening

Rubenstein JH, Gastroenterology 2022

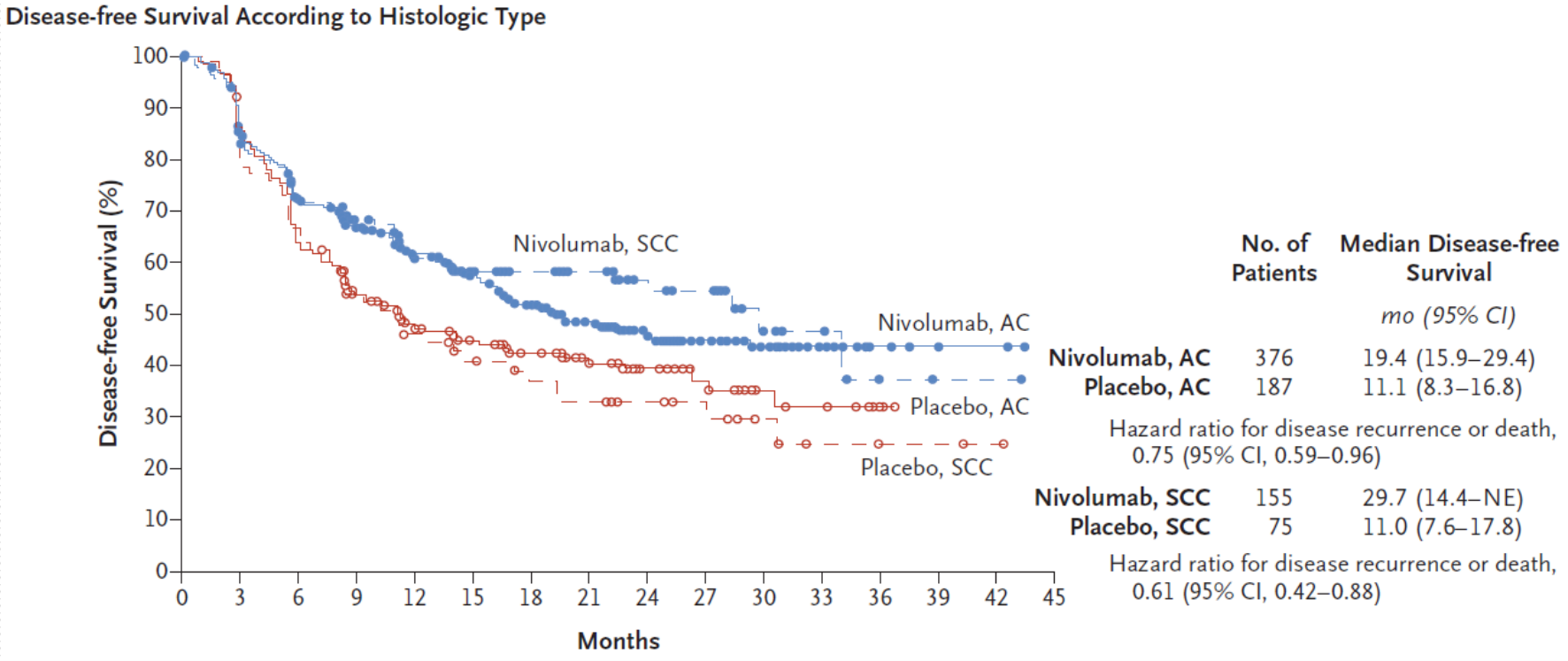
Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer

CheckMate 577 Studie, RCT doppel-blind, n=794; nach neoadj. RCT und R0 Resektion; Nivolumab (Checkpoint-Inhibitor; AK PD-1-Rezeptor; 16Wo alle 2Wo, dann alle 4Wo bis max.1a



Kelly RJ , New Engl J Med 2021

Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer



AC: Adenokarzinom, SCC: Plattenepithelkarzinom

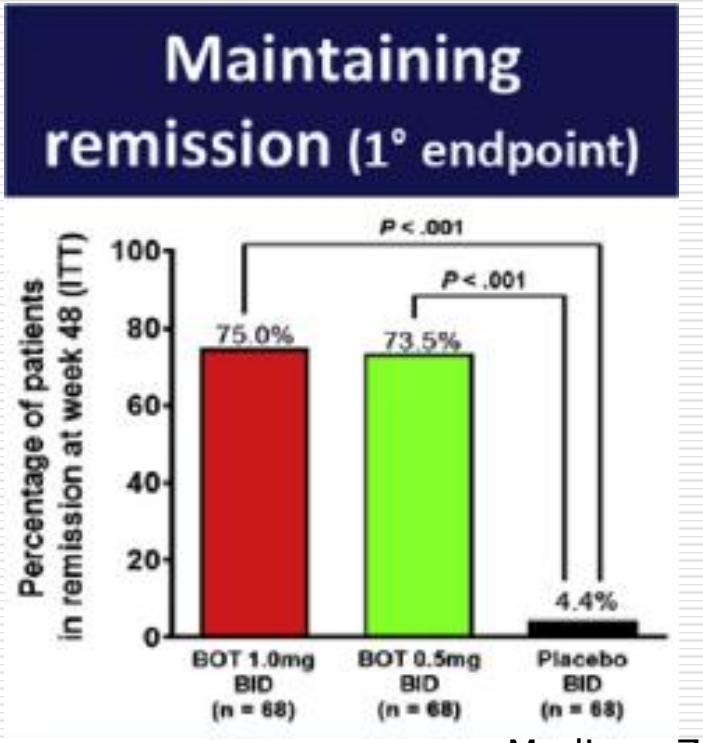
Kelly RJ , New Engl J Med 2021

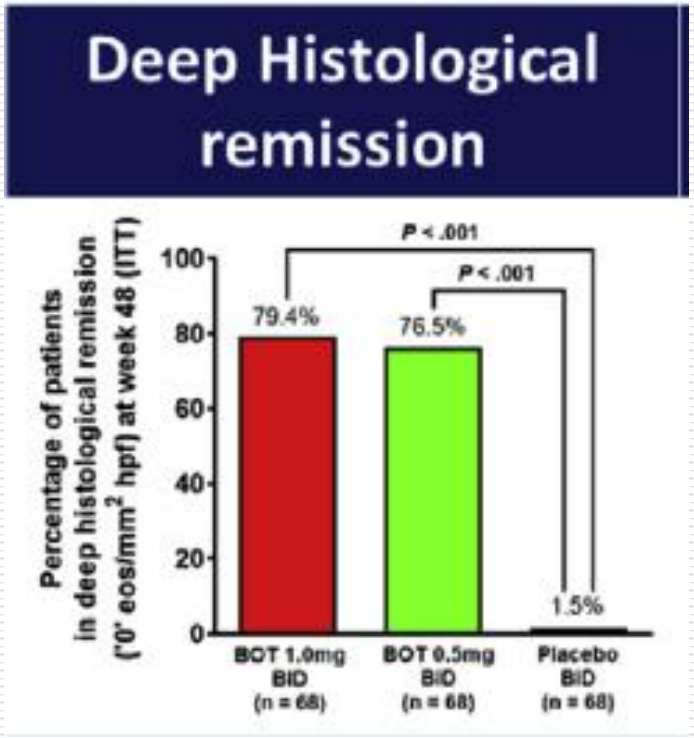
Eosinophile Ösophagitis

- **Chronische eosinophile Inflammation** (fokal; immun-mediiert)
- Kinder und jüngere Erwachsene (Peak: 30 -50a), Männer 2–3fach höher
- Zweithäufigste entzündliche Erkrankung der Speiseröhre
- Genetik + Umweltfaktoren; Assoziation: Rhinitis, Asthma, Ekzem
- Häufigste Ursache für Dysphagie u. Bolusobstruktion (Erwachsene)
- eher **progredienter Verlauf**, Strikturen (fibrostenotisch), Motilitätsstörungen
- Diagnose: >15 eosinophile Granulozyten/hpf; „patchy disease“, 6 Biopsien
- Gastroskopie: 70-90% Veränderungen (EREFS-Score)
- Therapie: 3D`s: **D**rugs (PPI, topisches Budesonid) **D**iet, **D**ilatation

Budesonide Orodispersible Tablets Maintain Remission in a Randomized, Placebo-Controlled Trial of Patients With Eosinophilic Esophagitis

N=204 mit EoE und klinischer und histologischer Remission 29 Zentren in EU



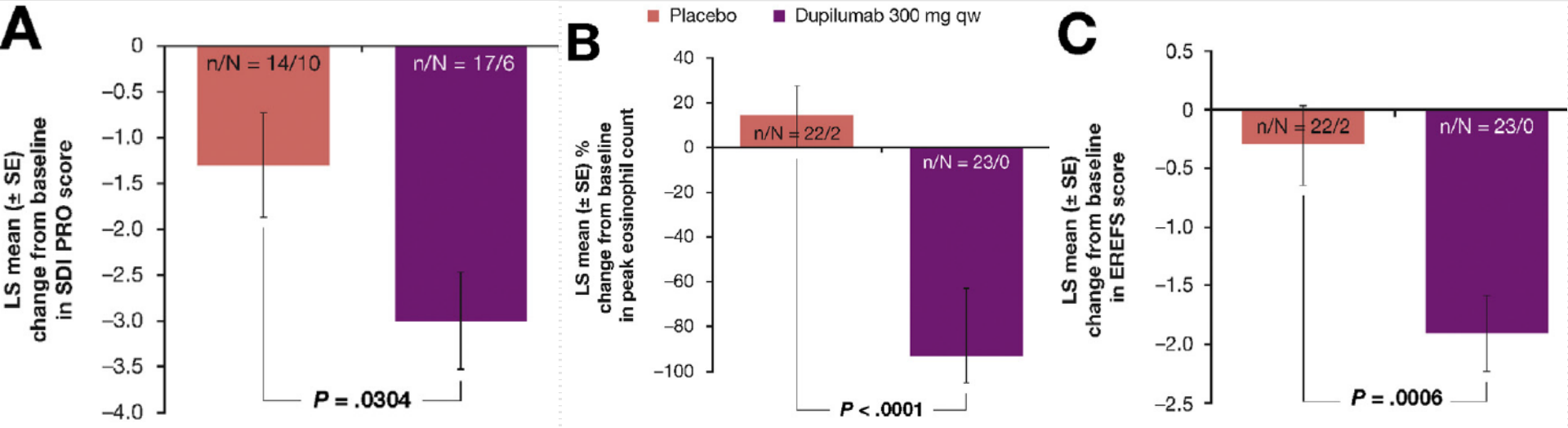


Mediane Zeit bis zum Relapse: 87d

Straumann A, Gastroenterology 2020

Efficacy of Dupilumab in a Phase 2 Randomized Trial of Adults With Active Eosinophilic Esophagitis

N=47; 1x/Wo s.c. 300mg Dupilumab (Dupixent®)
monokl. AK gegen IL4 Rezeptor (Hemmung IL4/IL13)

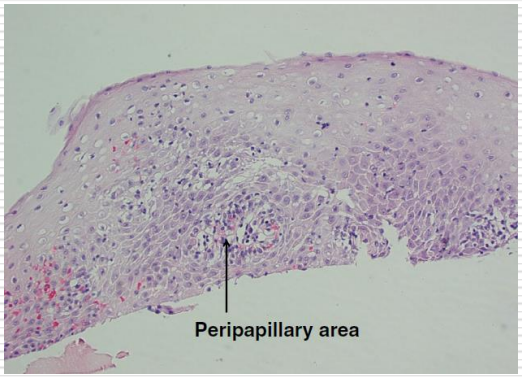


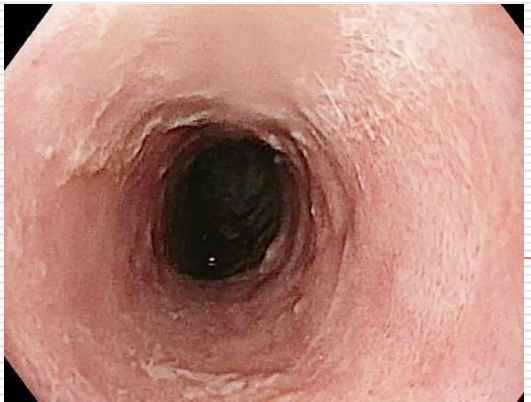
Hirano I, Gastroenterology 2020

Lymphocytic esophagitis: An Australian (Queensland) case series of a newly recognized mimic of eosinophilic esophagitis

exzessive Infiltration von Lymphozyten in Submukosa (50–80/HPF) d. mittleren und oberen Ösophagus ohne Eosinophile/Neutrophile Granulozyten

Total number	62
Median age (age range)	55 (1–85 years)
Men	37 (60%)
Major clinical manifestations	
Dysphagia	32 (51%)
Epigastric/abdominal pain	8 (13%)
GERD	8 (13%)
Associated with Crohn's disease	8 (13%)





47% Endoskopische Veränderungen wie bei EoE
LoE assoziiert mit prim. Motilitätsstörung

Therapie: Versuch PPI, Budesonid

Islam S, J Gastroenterol Hepatol Open 2020

Gastroösophageale Refluxerkrankung

- Häufigste Gastrointestinale Diagnose im ambulanten Bereich

- US: Inzidenz 15 to 20% der erwachsenen Bevölkerung
- Deutlich steigende Prävalenz in westlichen Industriestaaten

- Zahlreiche extraösophageale Manifestationen (Laryngitis, chron. Husten,..)

- Imbalanz zwischen
  - Aggressivität des gastralen Refluxat in die Speiseröhre
  - und Versagen protektiver Mechanismen, vor allem unterer Ösophagussphinkter (Hiatushernie, Motilitätsstörung, erhöhter abdom. Druck, Sport, Alter, Medikamente)

Use of proton pump inhibitors to treat persistent throat symptoms: multicentre, double blind, randomised, placebo controlled trial

N=346; 8 HNO-Ambulanzen in U.K. persist. (>6Wo) unerklärbare „Hals-Symptomatik" (Heiserkeit, Globus-Gefühl, Schleim, Husten)
Lansoprazol 2x30mg für 16 Wo. vs Placebo
HZP: Reflux Symptom Index (RSI) Score nach 16 Wo

Questionnaires and intervention	No in group	Mean score at follow-up (95% CI)		
		Baseline	16 weeks*	12 months
RSI*:				
Lansoprazole	102	22.0 (20.4 to 23.6)	17.4 (15.5 to 19.4)	16.0 (13.6 to 18.4)
Placebo	118	21.7 (20.5 to 23.0)	15.6 (13.8 to 17.3)	13.6 (11.7 to 15.5)
Difference†		0.3 (−1.7 to 2.3)	1.8 (−0.8 to 4.4)	2.4 (−0.6 to 5.4)
RSI-HB:				
Lansoprazole	102	20.3 (18.8 to 21.7)	16.3 (14.5 to 18.1)	14.7 (12.4 to 16.9)
Placebo	118	19.8 (18.6 to 21.0)	13.9 (12.2 to 15.5)	11.9 (10.1 to 13.7)
Difference†		0.5 (−1.4 to 2.4)	2.4 (−0.0 to 4.8)	2.8 (0.5 to 5.1)

RSI=reflux symptom index; RSI-HB=laryngopharyngeal RSI items without the heartburn score;

O`Hara J, BMJ 2021

AGA Clinical Practice Update on De-Prescribing of Proton Pump Inhibitors: Expert Review

Definitely indicated for long-term use (>8 wk)	Conditionally indicated for long-term use	Not indicated for long-term use
Barrett's esophagus	PPI-responsive endoscopy-negative reflux disease, with recurrence on PPI cessation	Symptoms of nonerosive reflux disease with no sustained response to high-dose PPI therapy
Clinically significant (LA Classification grade C/D) erosive esophagitis	PPI-responsive functional dyspepsia, with recurrence on PPI cessation	Functional dyspepsia with no sustained response to PPI therapy
Esophageal strictures from GERD (ie, peptic strictures)	PPI-responsive upper airway symptoms ascribed to laryngopharyngeal reflux, with recurrence on PPI cessation	Steroid therapy in the absence of ASA/ nonsteroidal anti-inflammatory drug therapy
Zollinger-Ellison syndrome	Refractory steatorrhea in chronic pancreatic insufficiency with enzyme replacement	Prevention of recurrent upper GI bleeding from causes other than:
Eosinophilic esophagitis	Secondary prevention of gastric and duodenal peptic ulcers with no concomitant antiplatelet drugs	Peptic ulcer disease, including gastric and duodenal erosions
Gastroprotection in users of ASA/nonsteroidal anti-inflammatory drug at high risk for GI bleeding		Erosive esophagitis
Prevention of progression of idiopathic pulmonary fibrosis		

Targownik LE, Gastroenterology 2022

AGA Clinical Practice Update on De-Prescribing of Proton Pump Inhibitors: Expert Review

PPI bei gastroösophagealer Refluxerkrankung

1. Pat. mit PPI – regelmäßige Überprüfung
2. Komplizierte GERD (Ulkus, Striktur, schwere erosive Ösophagitis) – PPI Dauertherapie
3. Barrett - Ösophagus – Kein Absetzversuch
4. Bei chron. 2x tgl. PPI-Therapie – step-down auf 1x täglich
5. Ohne klare Indikation – PPI Absetzversuch
6. Bei Absetzen einer chron. PPI Therapie – Hinweis auf Säure-Rebound
7. Bei PPI Absetzen: Dosis Tapering oder sofortiger Stopp
8. PPI Absetzen wegen fehlender Indikation – nicht wegen Sorge vor PPI-assoziierten NW

Targownik LE, Gastroenterology 2022

Barrett Esophagus

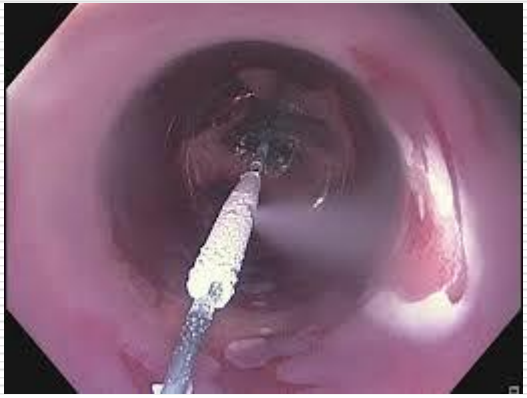
- Prävalenz in der Allgemein-Bevölkerung 1,3 -1,6% (EU), 8,5% (US > 50a)
- Risikofaktoren: Reflux Symptomatik, Alter, Männer, Kaukasier, Rauchen, Stamm-Adipositas pos. Familienanamnese
- Risikofaktor für Adenokarzinom des Ösophagus
- ↑Adenokarzinom Inzidenz in den letzten 40a um 600% (5a-Survival < 20%)

Grade of dysplasia	Risk of progression to high-grade dysplasia/ esophageal adenocarcinoma	Recommendation for management
No dysplasia	0.33% per year	Endoscopic surveillance every 3 to 5 years
Low-grade dysplasia	0.7% to 1.0% per year	Confirm diagnosis by expert gastrointestinal pathologist Discuss endoscopic ablation Endoscopic surveillance every 6 to 12 months
High-grade dysplasia	8% per year	Confirm diagnosis by expert gastrointestinal pathologist Refer for endoscopic therapy to center with expertise for - Endoscopic resection of visible lesions - Endoscopic ablation

Iyer PG, Mayo Clin Proc 2019

Outcomes of Radiofrequency Ablation Compared to Liquid Nitrogen Spray Cryotherapy for the Eradication of Dysplasia in Barrett's Esophagus

Variable	RFA ($n=100$)	LNSC ($n=62$)	p-value
Age (SD)	67.7 (11.4)	67.1 (12.3)	0.75
Gender, male (%)	92 (92.0%)	51 (82.3%)	0.07
Long-segment BE (%)	61 (61.0%)	42 (67.7%)	0.38
Low-grade dysplasia	61 (61.0%)	36 (58.1%)	
High-grade dysplasia	32 (32.0%)	19 (30.6%)	

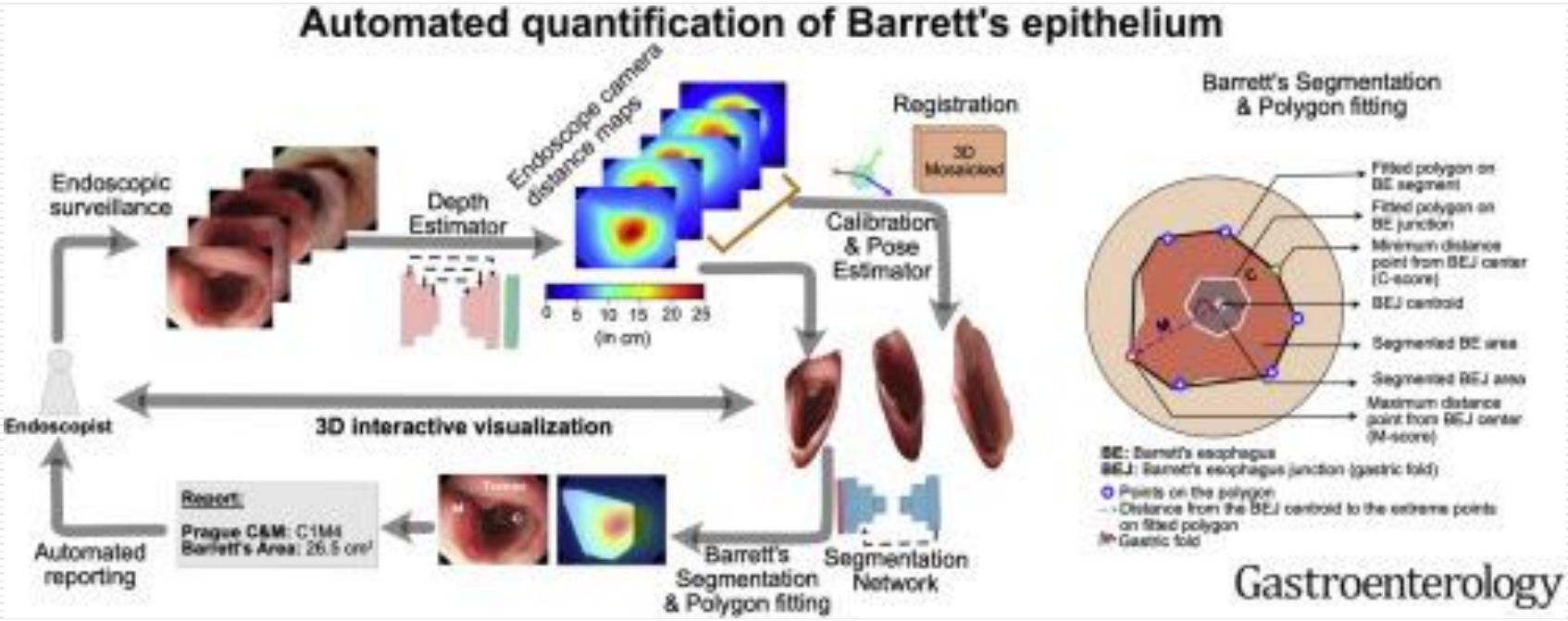


Variable	RFA ($n=100$)	LNSC ($n=62$)	p-value
CE-D (%)	81 (81.0%)	44 (71.0%)	0.14
CE-IM (%)	64 (64.0%)	41 (66.1%)	0.78
Number of sessions, CE-D (SD)	3.2 (1.6)	4.2 (2.9)	0.05†
Number of sessions, CE-IM (SD)	3.5 (2.2)	4.8 (3.4)	0.04†

CE-D: Complete Eradication - Dysplasie; CE-IM: Complete Eradication - Intestinale Metaplasie

Fasullo M, Dig Dis Sci 2022

A Pilot Study on Automatic Three-Dimensional Quantification of Barrett's Esophagus for Risk Stratification and Therapy Monitoring

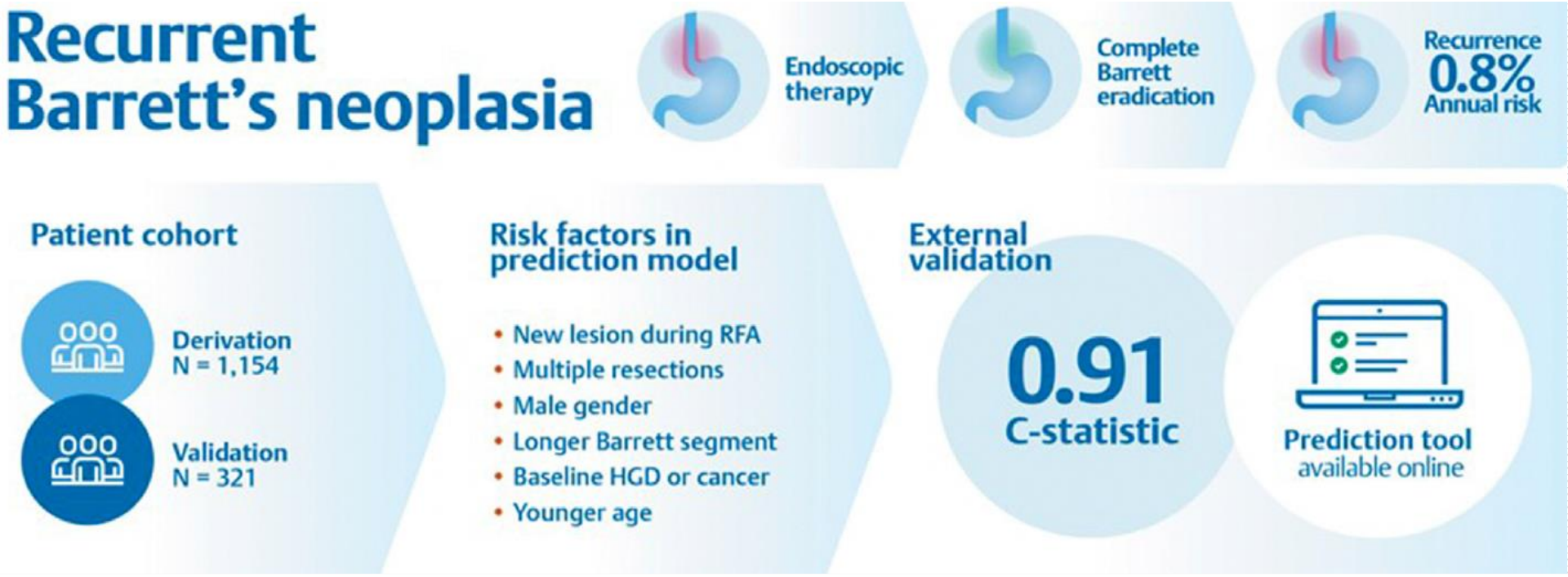


Endoscopic phantom video data:

97,2% accuracy for C&M measurement
98,4% accuracy for area of Barrett`s epithelium

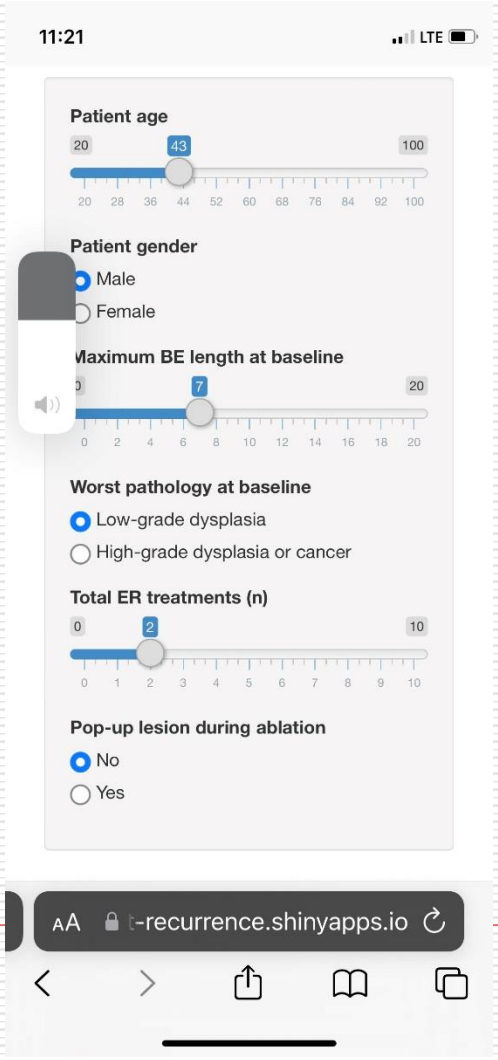
Ali S, Gastroenterology 2021

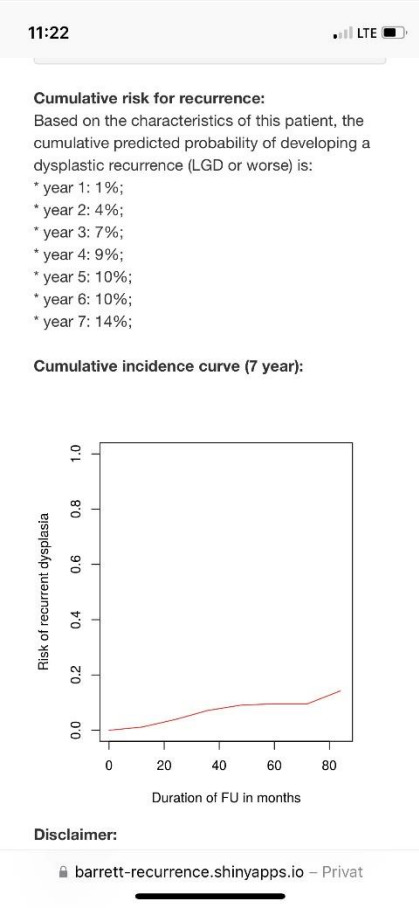
Dysplastic Recurrence After Successful Treatment for Early Barrett's Neoplasia: Development and Validation of a Prediction Model



Van Munster SN, Gastroenterology 2022

Dysplastic Recurrence After Successful Treatment for Early Barrett's Neoplasia: Development and Validation of a Prediction Model (https://barrett-recurrence.shinyapps.io/Barrett/)





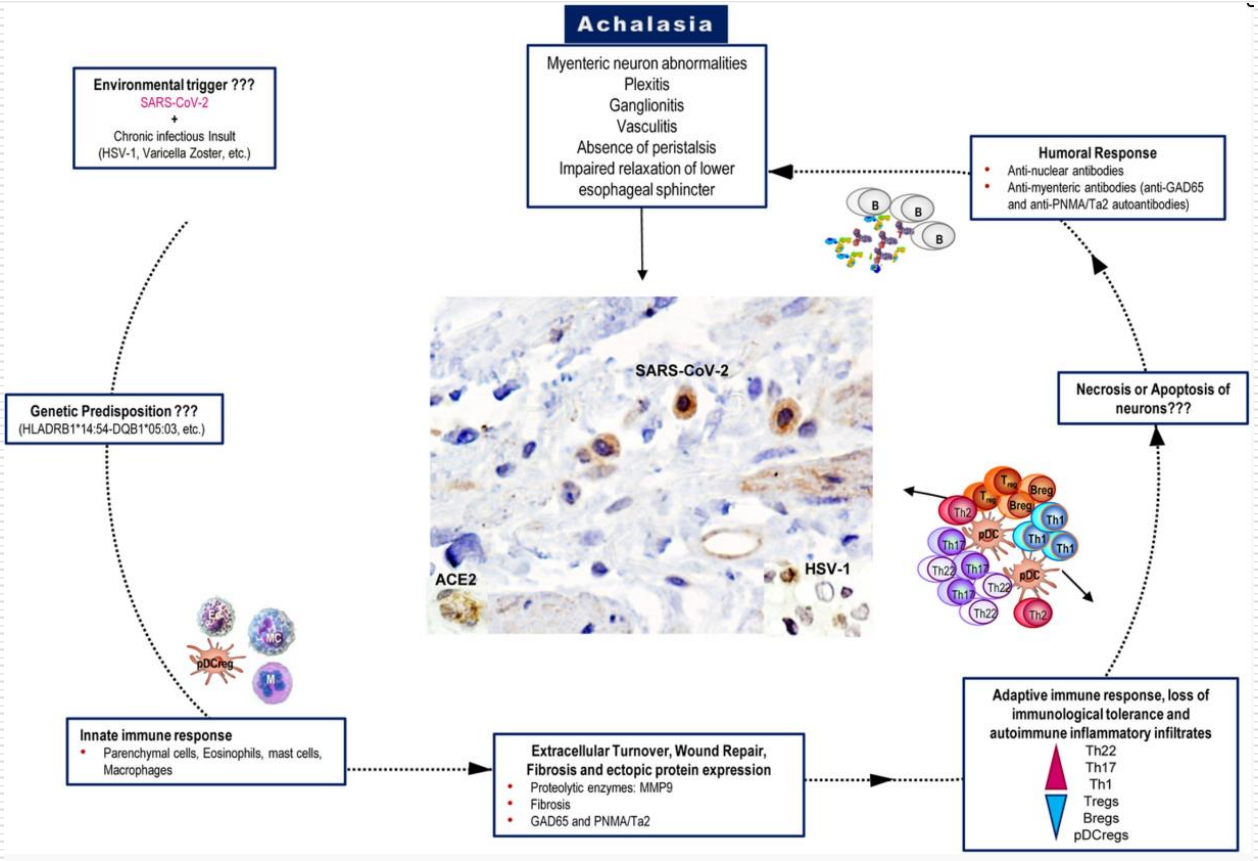
year 7: 14%

Van Munster SN, Gastroenterology 2022

Achalasie

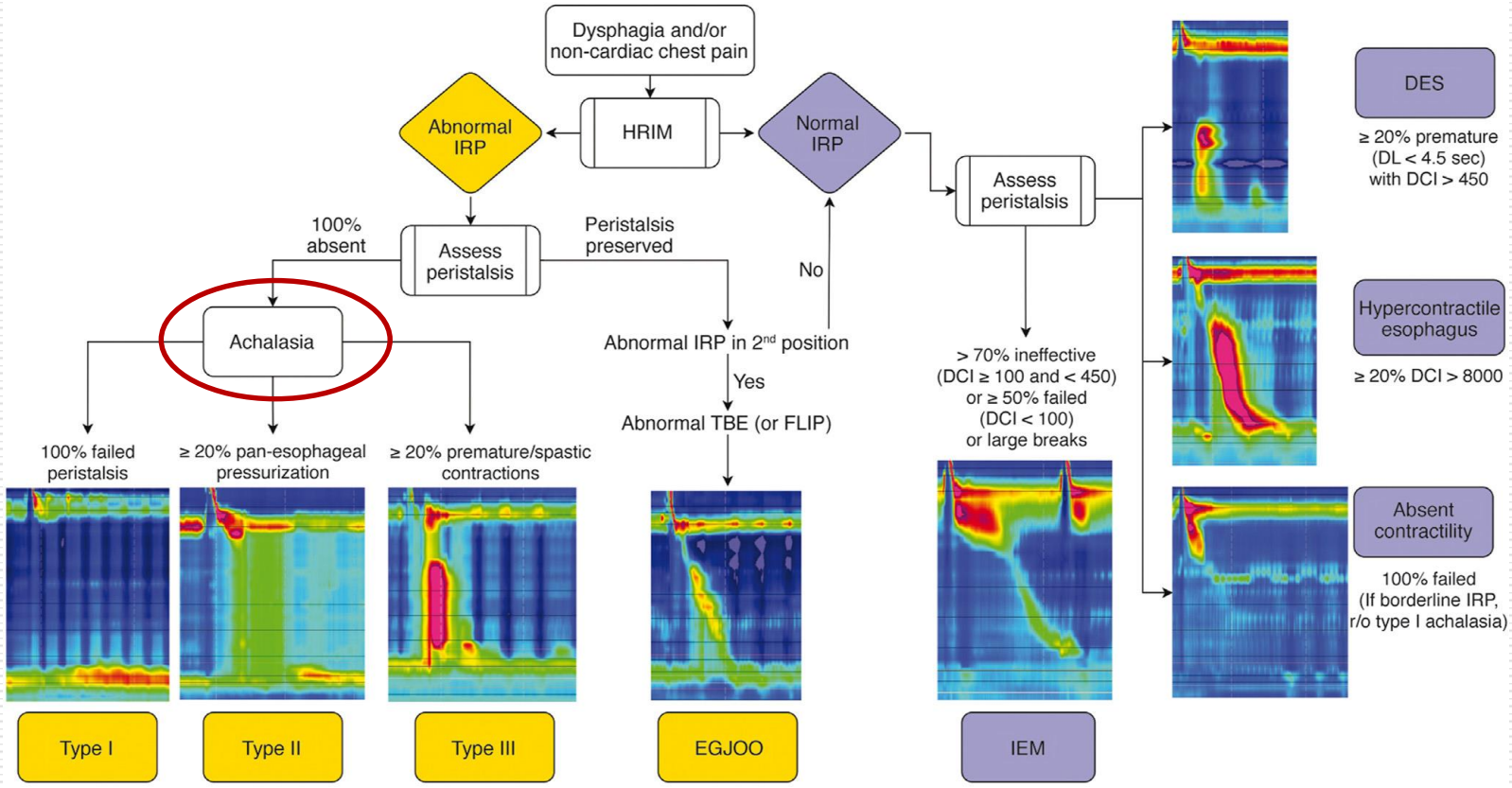
- Neurodegenerative Motilitätsstörung (Degeneration Plexus myentericus)
- Motilitätsverlust und fehlende Relaxation d. unteren Ösophagussphinkters
- Ätiologie: autoimmun; infektiös (HSV, Varizellen?), genetisch
- selten, Inzidenz steigend; Gipfel: 30 – 60 Jahre, Kardinalsymptom: Dysphagie
- Diagnose: High Resolution Manometrie; Chicago Klassifikation (3 Subtypen)
- Komplikationen: Megaösophagus, Aspiration, Karzinom
- Therapie:
  - Hellersche Myotomie, Ballondilatation, POEM, Botulinumtoxin,
  - Nitrate, Calciumkanalblocker

Is the Sars-CoV-2 virus a possible trigger agent for the development of achalasia?



Furuzawa-Caralleda J, Neurogastroenterol Motil 2023

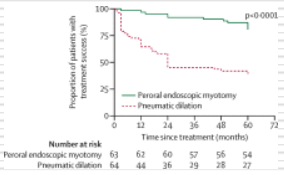
Diagnostik der Achalasie – Chicago Classification version 4.0



Yadlapati R, Neurogastroenterol Motil 2021; Patel DA, Gastroenterology 2022

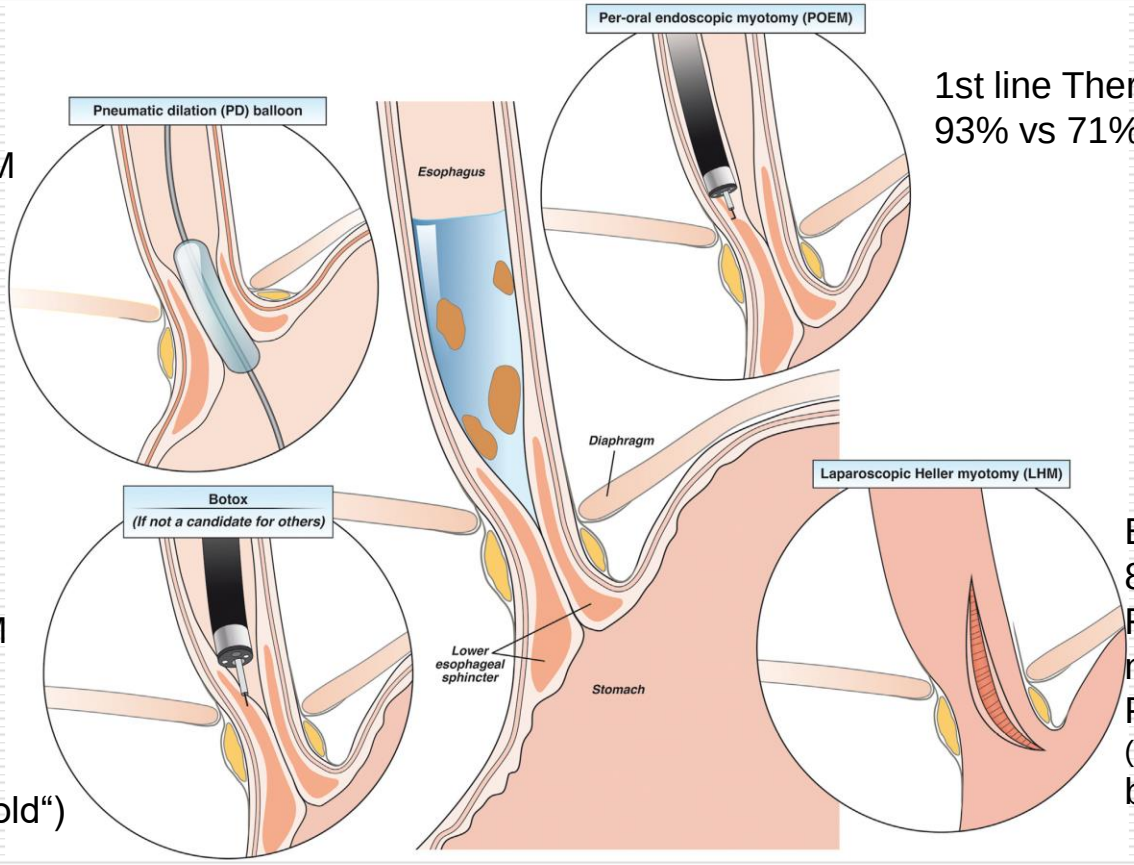
Therapieoptionen bei Achalasie

Behandlungserfolg
nach 5 Jahren:
PD 25% vs 81% POEM
(Kuipers T, Lancet Gastroenterol Hepatol 2022)



Indikation für Botox:
wenn PD, POEM, HLM
keine Option!

Pseudo-Achalasie
(„very old“ od. „oldest-old“)

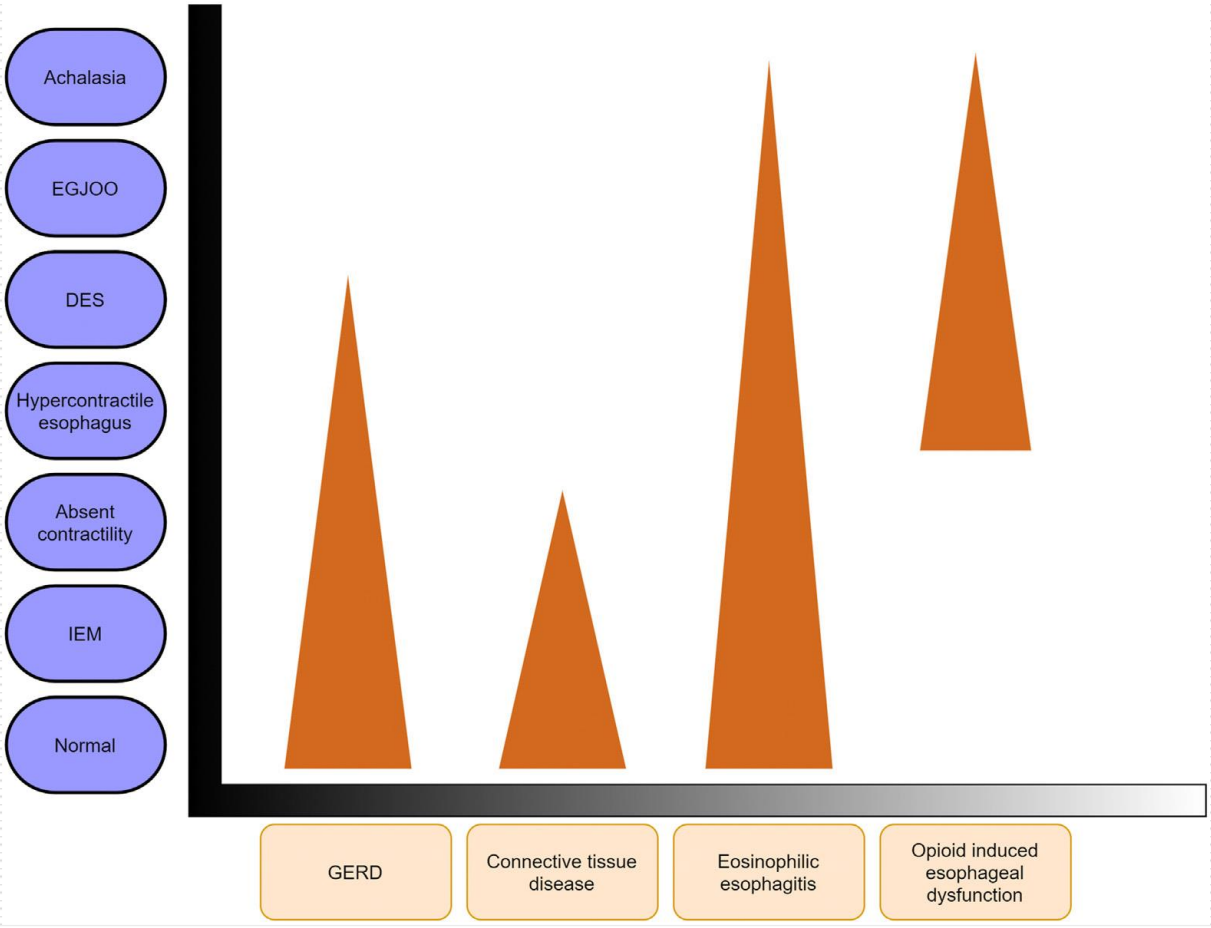


1st line Therapie bei Typ III
93% vs 71% bei LHM (Br J Surg 2019)

Erfolg 2a:
83% POEM vs 82% LHM
Reflux-Ösophagitis
nach LHM 29% vs
POEM 44%
(Werner YB; NEJM 2019)
bei Typ II: Erfolg 93%

Patel DA, Gastroenterology 2022

Esophageal Motility Disorders



Patel DA, Gastroenterology 2022