

Foreword



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Consulting Editor

One of the joys of reading is the discovery of a word not previously encountered. Before long, you see it with increasing frequency and start using it yourself. Could it have been there all the time, or for some reason is it just being used more frequently? In any case, it is your word now. In the professional life of a physician, a similar thing can happen with a disease. What brings it to attention might be an article or a lecture. Suddenly, you see a patient who seems to have all the diagnostic hallmarks of the disease. Additional patients are encountered in short order. The patients respond to a specific treatment. In gastrointestinal endoscopy, this happened in recent years with eosinophilic esophagitis. Earlier, there were descriptive case reports of “ringed esophagus” in young patients, but it was the pediatric specialists who first described the additional characteristics of vertical furrows and white exudates, and who made the critical associations with extensive eosinophilic infiltrates in the esophageal mucosa and allergy. Eosinophilic esophagitis may be the paradigm for a disease that begins in childhood and that evolves and extends into adult life.

Eosinophilic esophagitis is complex and may have more than one pathogenesis in its varying presentations in children and adults. One thing is certain: eosinophilic esophagitis is an important disease that causes considerable morbidity in those afflicted. It is a major cause of esophageal symptoms, particularly dysphagia. Eosinophilic esophagitis seems to be increasing in frequency like bronchial asthma, to which it has been compared. The relationship of eosinophilic esophagitis to gastroesophageal reflux disease remains poorly defined in some cases. Chronic eosinophilic

esophagitis seems to lead to fibrosis in some patients, and eosinophilic esophagitis has been linked to the Schatzki ring long associated with hiatal hernia and GERD.

There is much to be learned about eosinophilic esophagitis, and major lines of clinical and laboratory research have been established. Dr. Glenn Furuta, Children's Hospital of Denver, has pioneered in clinical and basic research and has a tremendous grasp of the field. As Guest Editor, he is like a *maestro* conducting a major orchestra. He has assembled an extraordinary group of highly accomplished individual players—pediatric and adult gastroenterologists, endoscopists, surgeons, pathologists, immunologists, and allergists—to produce a symphonic, magnificent state-of-the-art issue on eosinophilic esophagitis, including current approaches to diagnosis and therapy.

The word is out. Read this issue of the *Gastrointestinal Endoscopy Clinics of North America* and make eosinophilic esophagitis part of your vocabulary.

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