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flammation, according to the report.

In terms of treating the disease, dietary therapy in particular should be considered in all children diagnosed with the condition, as there is strong circumstantial evidence that food allergens contribute to the pathogenesis of the disease in children. In fact, "the removal of food antigens has clearly been demonstrated to successfully treat both the symptoms and the underlying histopathology in the majority of patients with EE," the authors wrote. Toward this end, allergy testing and clinical history can help guide specific food elimination, they stated, adding that consultation with a registered dietitian is advisable to ensure that proper nutrition is maintained.

Corticosteroids can effectively resolve acute clinicopathologic features of EE, but the disease typically recurs when the steroids are stopped. And while systemic corticosteroids have a role in emergent cases, including dysphagia requiring hospitalization, dehydration because of swallowing difficulties, and weight loss, the potential for significant toxicity over time should preclude their long-term use, the authors stated. Topical corticosteroids have also shown some efficacy and are associated with fewer side effects, they noted.

Although gastric acid is not thought to be the primary mediator of EE, acid suppression may be considered as cotherapy in patients with established disease who have symptoms secondary to GERD.

For patients who present with symptomatic esophageal narrowing secondary to fixed strictures causing food impaction, esophageal dilatation may be a useful treatment option, the authors wrote. To minimize the risk of mucosal tearing and perforation, however, "a diagnostic endoscopy with biopsy followed by medical or dietary therapy for EE should be attempted prior to performing esophageal dilatation," they stressed. And the esophagus should be inspected, either radiographically or by gentle endoscopic examination, after dilation to assess for laceration injury before performing larger caliber dilation.

Biologic agents that specifically target eosinophil activity may present a unique treatment opportunity for some patients with EE; however, they cannot yet be recommended for routine use given the lack of clinical trial data to date, according to the authors.

"The motivating factor for treating all patients should be symptom relief and prevention of complications of esophageal strictures and long-segment narrowing," said Dr. Furuta. ■

Hypnotherapy Beats Standard IBS Care for Kids

WASHINGTON — Children and adolescents with functional abdominal pain or irritable bowel syndrome who were treated with hypnotherapy were cured of their illness in significantly greater numbers than were children given standard medical treatment in a randomized, controlled trial presented at the annual Digestive Disease Week.

Dr. Arine M. Vlieger of St. Antonius Hospital, Nieuwegein, the Netherlands and her colleagues randomly assigned 53 patients (mean age 13 years) with functional abdominal pain (FAP) or irritable bowel syndrome (IBS) to either hypnotherapy or standard medical therapy (SMT).

Hypnotherapy consisted of six half-hour sessions based on the Manchester protocol of gut-directed hypnotherapy, conducted over 3 months (27 patients). The hypnotherapy sessions started with relaxation and abdominal breathing exercises. Other sessions dealt with control of gut function, pain control, and thinking relaxing thoughts. The children in this arm were asked to practice the techniques twice daily. SMT comprised pain medication and avoidance of pain triggers, plus six half-hour sessions of supportive therapy (25 patients); 1 patient did not complete therapy.

Three-fourths of the patients were female, and the mean duration of the abdominal complaints was 3.4 years.

The investigators found that immediately after therapy, 59% of patients given hypnotherapy were cured (defined as having a greater than 80% improvement in pain scores), compared with 12% of patients given SMT. At 1 year, the difference remained, with 85% and 25% classified as cured, respectively.

The proportions of patients who reported no effect of treatment (defined as less than 30% improvement in pain scores) were 56% of the SMT group and 15% of the hypnosis group after therapy; at 1 year, the figures were 46% for SMT patients and 4% for those given hypnotherapy.

Hypnotherapy has been used successfully in adults with IBS, and "the quality of life in these children [pretreatment] is comparable to [that of] those with Crohn's disease or ulcerative colitis," Dr. Vlieger said at a press conference.

—John R. Bell