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Esophageal, gastric, and duodenal histologic findings in patients with feeding difficulties

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Esophageal, Gastric, and Duodenal Histologic Findings in Patients with Feeding Difficulties

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IRB Number: 1255

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

I was a middle author for the manuscript (published). I wrote the abstract and assisted with data collection and editing.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:

The etiology of feeding difficulties in children is often multifactorial including medical, oral motor, and behavioral. Gastrointestinal etiologies have been identified as the primary medical component in children with feeding difficulties, however, there is not substantial information to predict which children will have a particular gastrointestinal disorder. The general consensus has been that children with feeding difficulties should have symptoms such as vomiting or abdominal pain to warrant performing esophagogastroduodenoscopy (EGD), but the validity of this approach has not been established.

Objectives/Goal:

The aims of the current study were to describe EGD findings of patients presenting to a large outpatient feeding program and to assess the relationship between symptoms and biopsy results.

Methods/Design:

This study was a retrospective chart review of all new patients presenting to the Multidisciplinary Feeding Clinic at Children's Mercy Hospital between 10/01/14 and 12/31/19. We identified patients who had an EGD with biopsies of the esophagus, gastric antrum, and duodenum. We

reviewed the medical record for gender, age at the time of referral, symptoms, presence of a feeding tube, and endoscopic findings including histology.

Results:

658 patients seen in the Multidisciplinary Feeding Clinic during this timeframe were included in the study. 423 (64.3%) were male, and 235 (35.7%) were female. 328 patients (49.6%) had an EGD with complete biopsies. Of these 328 patients, biopsies revealed that 40.2% had esophagitis, 33.8% had gastritis, and 14.9% had duodenitis.

Conclusions:

We showed that children with FD commonly have esophagitis, gastritis, and/or duodenitis and that symptoms are poor predictors of pathology. This suggested that FD is a predictor of pathology, independent of symptoms that have usually been viewed as indications for endoscopy. The findings underscore the potential importance of gastrointestinal evaluation by a pediatric gastroenterologist as part of the multidisciplinary evaluation of patients with feeding difficulties. Ultimately, further studies are needed to determine the significance of the various forms of inflammation to understand whether they have value in predicting prognosis or, more importantly, whether they are therapeutic targets, which, when sufficiently treated, may result in feeding improvement.