CONDITION

Esophagitis

Esophagitis is inflammation of the tube that carries food from your mouth to your stomach.

WHAT IT IS
Inflammation of the tube carrying food to the stomach

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Painful swallowing, trouble swallowing, heartburn, chest pain

WHAT CAUSES IT
Acid reflux, immune inflammation, infection, medicines, or radiation

HOW IT IS DIAGNOSED
Upper endoscopy with biopsies; reflux testing when needed

MAIN TREATMENT
Cause-specific medicines, diet changes, and sometimes dilation

CAN IT BE CURED?
Sometimes - treating the cause may heal it

IS IT AN EMERGENCY?
Sometimes - food blockage or severe chest pain

LONG-TERM OUTLOOK
Usually manageable; recurrence or narrowing can occur

Overview

Esophagitis is inflammation of the lining of the esophagus, the muscular tube that carries food and liquids from your mouth to your stomach.

Common causes include acid reflux, an immune reaction to food or environmental allergens, infection, injury from a medicine, and radiation treatment. The cause matters because each form needs different treatment. Acid-reducing medicine like omeprazole or lansoprazole may help reflux esophagitis but will not treat a fungal infection. Eosinophilic esophagitis, an immune-related form, may require diet changes or anti-inflammatory treatment.

Inflammation can make swallowing painful or difficult. Continued inflammation may produce scar tissue that narrows the esophagus, allowing food to move slowly or become stuck. Identifying and treating the cause usually helps the lining heal and reduces these risks.

Symptoms

Symptoms may develop gradually or begin after a medicine, infection, or episode of reflux. Their severity does not always reflect the amount of inflammation.

Common symptoms include:

Young children may feed slowly, refuse certain textures, vomit, or have difficulty gaining weight.

A food impaction occurs when food becomes firmly stuck. You may be unable to swallow water or saliva. This requires urgent assessment and often an emergency procedure to remove the food.

Chest pain can come from the esophagus, but heart and lung conditions may cause similar pain. Do not assume that new, severe, or unexplained chest pain is esophagitis.

- Heartburn or burning behind the breastbone
- Pain when swallowing, called odynophagia
- Difficulty swallowing, called dysphagia
- Food moving slowly or sticking
- Chest discomfort
- Acid or food coming back into the throat
- Nausea or reduced appetite

Causes and risk factors

Reflux esophagitis develops when stomach contents repeatedly irritate the esophagus. Risk may increase with a weak valve between the stomach and esophagus, a hiatal hernia, pregnancy, smoking, or excess body weight.

Eosinophilic esophagitis is caused by immune inflammation. Eosinophils, white blood cells involved in allergic responses, collect in the esophageal lining. Food proteins are common triggers, although environmental allergens may contribute. The condition is more common in people with asthma, eczema, or food allergies but can occur without them.

Infectious esophagitis may be caused by fungi or viruses. Candida yeast is a common cause. These infections mainly affect people with weakened immune systems.

Medicine-induced esophagitis occurs when a tablet or capsule remains in contact with the esophagus and irritates it. Taking certain medicines with too little water or immediately before

lying down increases the risk.

Radiation esophagitis may occur when radiation treatment includes the chest or nearby areas. Symptoms often develop during treatment and improve afterward, although long-term narrowing is possible.

Less common causes include chemical injury and inflammation associated with other immune conditions.

Diagnosis

Your symptoms, medicines, health history, and swallowing pattern help identify the likely cause. Important details include whether solids, liquids, or both are difficult to swallow, whether swallowing hurts, and whether symptoms started after a new medicine.

Upper endoscopy is the main test. A thin, flexible camera is passed through the mouth while you receive sedation or other comfort measures. It can reveal inflammation, ulcers, narrowing, infection, or trapped food.

Small tissue samples, called biopsies, may be taken. They are especially important for diagnosing eosinophilic esophagitis because the esophagus can appear normal. Biopsies may also identify infection or other inflammation.

If reflux remains uncertain, ambulatory reflux monitoring can measure how often acid or other stomach contents enter the esophagus. A barium swallow may be used when narrowing or a movement problem is suspected. It shows the shape and function of the esophagus but does not replace biopsies when a tissue diagnosis is needed.

Treatment and management

Treatment depends on the cause and any complications.

For reflux esophagitis , proton pump inhibitors are commonly used to suppress acid and allow healing. Avoiding meals close to bedtime, raising the head of the bed for nighttime symptoms, and addressing personal reflux triggers may help.

For eosinophilic esophagitis , treatment may include proton pump inhibitors, swallowed topical corticosteroids, structured food-elimination diets, or a biologic medicine. The swallowed corticosteroid like prednisone or hydrocortisone coats the esophagus rather than being inhaled into the lungs.

Elimination diets require careful planning, especially for children and people with an already

restricted diet. Foods are usually reintroduced in stages, with follow-up testing to identify triggers. Symptoms alone may not show whether inflammation has resolved.

For infectious esophagitis , an antifungal or antiviral medicine targets the organism. Any underlying cause of reduced immunity may also need treatment.

For medicine-induced esophagitis , the medicine may need to be stopped, changed, or taken differently. Do not stop an important prescribed medicine without consulting the clinician who manages it. Follow instructions about how much water to drink, whether to remain upright, and when to take the medicine.

Radiation-related inflammation is managed with symptom relief, nutrition support when needed, and treatment of contributing reflux or irritation.

If scar tissue has narrowed the esophagus, endoscopic dilation can gently stretch the area. Dilation improves swallowing but does not treat the underlying inflammation, so ongoing medical treatment may still be required.

Complications

Untreated or recurring inflammation may cause:

Long-standing acid reflux is associated with Barrett's esophagus, in which cells lining the lower esophagus change after repeated reflux exposure. It is a separate condition and does not develop in everyone with reflux esophagitis.

Eosinophilic esophagitis may gradually stiffen and narrow the esophagus. Treating both inflammation and existing narrowing helps preserve swallowing.

- Ulcers or bleeding
- Scar tissue and narrowing, called a stricture
- Repeated food impactions
- Poor food intake, weight loss, or nutritional problems
- A tear or hole in the esophagus, which is uncommon

Prevention

Not every form can be prevented. There is no established way to prevent eosinophilic esophagitis from first developing, and infections may occur despite reasonable precautions when immunity is reduced.

To reduce some causes or recurrences:

Do not start a broad elimination diet to prevent eosinophilic esophagitis. Unnecessary restrictions can cause nutritional problems and may not prevent inflammation.

- Take tablets and capsules exactly as directed, including instructions about water and remaining upright
- Avoid lying down soon after eating if it worsens reflux
- Identify personal reflux triggers instead of removing many foods without a clear reason
- Seek assessment for persistent reflux
- Follow monitoring plans for treatments that affect immunity

Living with it and what to expect

Many cases improve after the cause is treated. Medicine-induced or infectious inflammation may settle once the injury or infection is addressed. Radiation-related symptoms often improve after treatment ends.

Reflux esophagitis can return if reflux continues after treatment stops. Some people need long-term symptom control or maintenance treatment. Follow-up is especially important after severe inflammation, bleeding, narrowing, or swallowing difficulty.

Eosinophilic esophagitis is usually long term. Symptoms may improve while inflammation remains, so follow-up may include repeat endoscopy and biopsies. Treatment often controls inflammation and swallowing problems, but triggers or narrowing can change over time.

Eating slowly, chewing thoroughly, and taking small bites may make swallowing easier when narrowing is present, but these measures do not replace treatment. Needing liquid to push food down, avoiding firm foods, or taking much longer to eat are signs that swallowing should be reassessed.

Most people can continue their usual activities. Ongoing care aims to maintain comfortable swallowing and adequate nutrition while preventing food impaction and scarring.

When to get medical help

Arrange a routine appointment for recurring heartburn, painful swallowing, food sticking, unexplained vomiting, or symptoms that continue despite non-prescription treatment. Children need assessment for persistent feeding refusal, slow eating, vomiting, or poor growth.

Seek prompt medical advice if swallowing becomes progressively harder, you lose weight without trying, or you have black stools or vomit blood.

Get urgent or emergency help if:

Do not try to force stuck food down with more food or drink. A complete blockage may require urgent endoscopy.

- Food is stuck and you cannot swallow liquids or saliva
- You have trouble breathing after food becomes stuck
- You have severe or sudden chest pain
- Chest pain occurs with shortness of breath, sweating, faintness, or pain spreading to the arm, jaw, back, or neck
- You vomit a large amount of blood

Common questions

Is esophagitis the same as acid reflux?

No. Acid reflux is one possible cause. Reflux means stomach contents move into the esophagus; esophagitis means the lining is inflamed. Reflux can occur without visible inflammation, and esophagitis can have other causes.

How long does esophagitis take to heal?

Healing time depends on the cause, amount of injury, and presence of narrowing. Medicine-related irritation may improve after the exposure ends. Reflux or immune-related inflammation may take longer and can return without ongoing control. Follow-up testing may be needed because symptoms can improve before the tissue fully heals.

What foods should I avoid?

There is no single esophagitis diet. For reflux, limit foods that clearly trigger your symptoms. Eosinophilic esophagitis may require a planned elimination diet, but triggers differ between people. Removing many foods without guidance can cause nutritional problems.

Can esophagitis cause food to get stuck?

Yes. Swelling, scar tissue, or reduced flexibility can narrow the passage. Food impaction is particularly associated with eosinophilic esophagitis and strictures. If you cannot swallow saliva or liquids, seek emergency care.

Can esophagitis turn into cancer?

Esophagitis is not cancer. Long-term reflux is associated with Barrett's esophagus, which

raises the risk of one type of esophageal cancer, although most people with Barrett's do not develop cancer. Eosinophilic esophagitis is not considered precancerous.

Will I need an endoscopy?

Not everyone with occasional reflux needs endoscopy. It is more likely to be recommended for painful or difficult swallowing, food impaction, bleeding, weight loss, persistent symptoms, or suspected eosinophilic or infectious esophagitis. Biopsies taken during endoscopy are required to confirm some causes.

Sources

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