

nephritis and severe, reversible hypomagnesemia have been reported. Vitamin B₁₂ and iron absorption may be compromised and susceptibility to enteric infections, particularly *Clostridium difficile* colitis, increased with treatment. Observational data have also noted an association between PPI exposure and renal disease, dementia, and cardiovascular disease, but the hazard ratios reported in these studies were small, and the potential for unrecognized residual confounding bias was substantial. Population studies have also suggested a slight increased risk of bone fracture with chronic PPI use suggesting an impairment of calcium absorption, but prospective studies have failed to corroborate this. Nonetheless, as with any medication, PPI dosage should be minimized to that necessary for the clinical indication.

Laparoscopic Nissen fundoplication, wherein the proximal stomach is wrapped around the distal esophagus to create an antireflux barrier, is a surgical alternative to the management of chronic GERD. Just as with PPI therapy, evidence on the utility of fundoplication is strongest for treating esophagitis, and controlled trials suggest similar efficacy to PPI therapy. However, the benefits of fundoplication must be weighed against potential deleterious effects, including surgical morbidity and mortality, postoperative dysphagia, failure or breakdown requiring reoperation, an inability to belch, and increased bloating, flatulence, and bowel symptoms after surgery.

■ EOSINOPHILIC ESOPHAGITIS

EoE is increasingly recognized in adults and children around the world. Current prevalence estimates in the United States identified 4–8 cases per 10,000 with a predilection for white males between 30 and 40 years of age. The increasing prevalence of EoE is attributable to a combination of an increasing incidence and a growing recognition of the condition. There is also an incompletely understood, but important, interaction between EoE and GERD that may confound the diagnosis of the disease. Genome-wide analysis studied demonstrated susceptibility elements at 5q22 (thymic stromal lymphopoietin) and 2p23 (CAPN14) in EoE.