What is different in reflux esophagitis between African-Americans and non-Hispanic whites?
24 June 2009

There is minimal data evaluating the prevalence of GERD complications in any United States general population, other than non-Hispanic whites. Presently, it is thought that such complications occur less frequently in African-Americans than in non-Hispanic whites. A research group in Jacksonville, FL investigated the prevalence of reflux esophagitis between non-Hispanic whites and African-Americans. The distribution of esophagitis severity and its complications were equivalent between groups, except for Barrett's esophagus.

A research article to be published June 21, 2009 in the World Journal of Gastroenterology addresses this question. The research team, lead by Dr. Vega at the University of Florida Health Science Center/Jacksonville, performed a retrospective search of the endoscopy database at the University of Florida Health Science Center/Jacksonville for all cases of reflux esophagitis and its complications from 1 January to 31 March 2001.

The database search identified 259 patients with reflux esophagitis or its complications. One hundred seventy one were non-Hispanic whites and 88 were African Americans. Mean ages and male/female ratios were similar in the two groups. RE grade, esophageal ulcer, stricture, and hiatal hernia frequency were likewise similar in the groups. Endoscopic and histological Barrett's esophagus was present more often in non-Hispanic whites than in African Americans. Heartburn was a more frequent indication for endoscopy in non-Hispanic whites with erosive esophagitis than in African Americans.

This is the first study to report that reflux esophagitis and its complications, other than Barrett's esophagus, occur at a similar frequency in nHw and AA. In addition, indication for the index endoscopy appears to be different in the above ethnic groups. By understanding GERD and its complications among ethnic groups in the United States, this study might indicate future avenues for investigation to prevent the development of Barrett's esophagus and esophageal adenocarcinoma.

