

## Different Types of Infections of the Esophagus

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### DESCRIPTION

#### Infectious esophagitis

The species of *Streptococcus*, *Neisseria*, *Veillonella*, *Fusobacterium*, *Baeroides*, *Lactobacillus*, *Staphylococcus*, that make up the normal flora of a healthy esophagus are, in people who are not immune-compromised, infectious esophagitis is uncommon, though herpes simplex and *Candida albicans* infections do occasionally occur. Infective esophagitis is more common in immunosuppressed patients undergoing organ transplantation, chronic inflammatory diseases, or chemotherapy, as well as in people with Acquired Immune Deficiency Syndrome (AIDS). It can be caused by cytomegalovirus, herpesvirus, *Candida* species, and other viruses. Odonophagia, dysphagia, and bleeding are typical signs of infectious esophagitis. Decision of treatment relies upon the specific microorganism involved.

Chagas Disease, also known as American trypanosomiasis, is a zoonotic disease brought on by the protozoan *T. cruzi*. Chagas disease is also known as American trypanosomiasis. African trypanosomiasis, also known as sleeping sickness, is caused by two other species in this genus: *trypanosoma brucei* and *T. brucei* rimitesense, because chagas disease is the only one with obvious involvement of the esophagus. Mammals and infected triatomines carry *T. cruzi*, which is confined to the Americas. A subfamily of reduviidae insects known as triatomines is more frequently referred to as kissing bugs, assassin bugs, or vampire bugs. These insects are the chagas disease vectors, capable of transferring the protozoans from carriers in wild or domestic mammals to humans. Generally, there are in excess of 150 distinguished types of bug vectors for chagas diseases and it has been discovered that the parasites II. There are approximately eight million people in the United States who suffer from chronic chagas disease, which is responsible for approximately 14,000 deaths annually. It is a significant contributor to parasitic mortality and morbidity and significant efforts have been made to control its spread throughout all noncodemic nations, including Spain, Canada.

#### Lastroesophageal reflux disease

It is a disorder characterized by transit of acidic gastric contents into the mouth or esophagus. Although it is a clinical condition that is associated with the pathological condition of reflux esophagitis, despite its high prevalence and frequent association with significant discomfort, it rarely results in serious or fatal ulnar bleeding. It consequently represents a huge weight as far as morbidity instead of mortality. When the lower esophageal sphincter contracts, the disorder occurs, which is compromised and prevents gastric contents from refluxing into the esophagus. The stratified squamous epithelium of the esophagus is designed to be damaged by lightning bolts. Despite the fact that the esophageal glands, which produce mucin and bicarbonate, offer some protection, this is insufficient to prevent refluxing in cases of repetitive reflux subsequently and run when two circumstances are satisfied, a transient or prolonged relaxation of maintaining appropriate tone in the lower esophageal sphincter and the acidity of the stomach contents is high enough. The esophageal mucosa is irritated when reflux persists.

Dysphasia is the most common clinical presentation for heartburn and dry regurgitation. Heartburn typically occurs after meals and can spread to the neck or back from the chest area. It is an important differential diagnosis when considering pain of unknown etiology. Acid regurgitation occurs when the reflux of acidic gastric contents reaches the pharynx and can be quite a troubling symptom. It is occasionally conflated with that of cardiac origin. It is most common in people 40 and older and using tobacco, pregnancy, and obesity is a significant risk factor for everyone less frequent. Odonophagia is one of the symptoms of bloating, and vomiting. The duration of the disease, rather than the severity of the symptomatology, is more likely to be the driver of histological damage. Erosive, and prolonged reflux complications. Esophageal strictures and hematemesis and Barrett's esophagus might develop at any time. This condition is usually well-managed in an outpatient setting, so complications are rare in today's advanced medical systems. The data were consistent with the findings of an Australian study that found a prevalence rate of 12 percent in a random sample of 1,000 community members. The statistical analysis revealed a significant amount of heterogeneity, indicating that there was a significant amount of variation among individual studies. Furthermore, symptoms have been linked to genetic factors.

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according to a Minnesota twin study of 1057 twins. It is now known that H. pylori infection is the cause of approximately 70%

to 80% of gastric ulcers and an even larger percentage of duodenal ulcers.