Microscopy.
Sections show squamous oesophageal mucosa with numerous intraepithelial eosinophils scattered singly and forming eosinophilic microabscesses. More than 50 eosinophils / hpf are present. The squamous epithelium shows basal cell hyperplasia and intraepithelial oedema. No glandular mucosa, pathogens, dysplasia or malignancy is seen.

Comment: Eosinophils in large numbers, especially in the mid and proximal esophageal biopsies suggest the diagnosis of eosinophilic oesophagitis, if clinically and endoscopically suspected.

BIOPSY UPPER OESOPHAGUS
SQUAMOUS OESOPHAGEAL MUCOSA WITH HYPEREOSINOPHILIA, CONSISTENT WITH EOSINOPHILIC OESOPHAGITIS

Histology

Eosinophilic Esophagitis

- Chronic immune or antigen-mediated process
- Presents with various esophageal dysfunction
- Etiology of EoE is unknown- result of the interactions of environmental, genetic, and host immune factors.
- Correlation between atopy and EoE

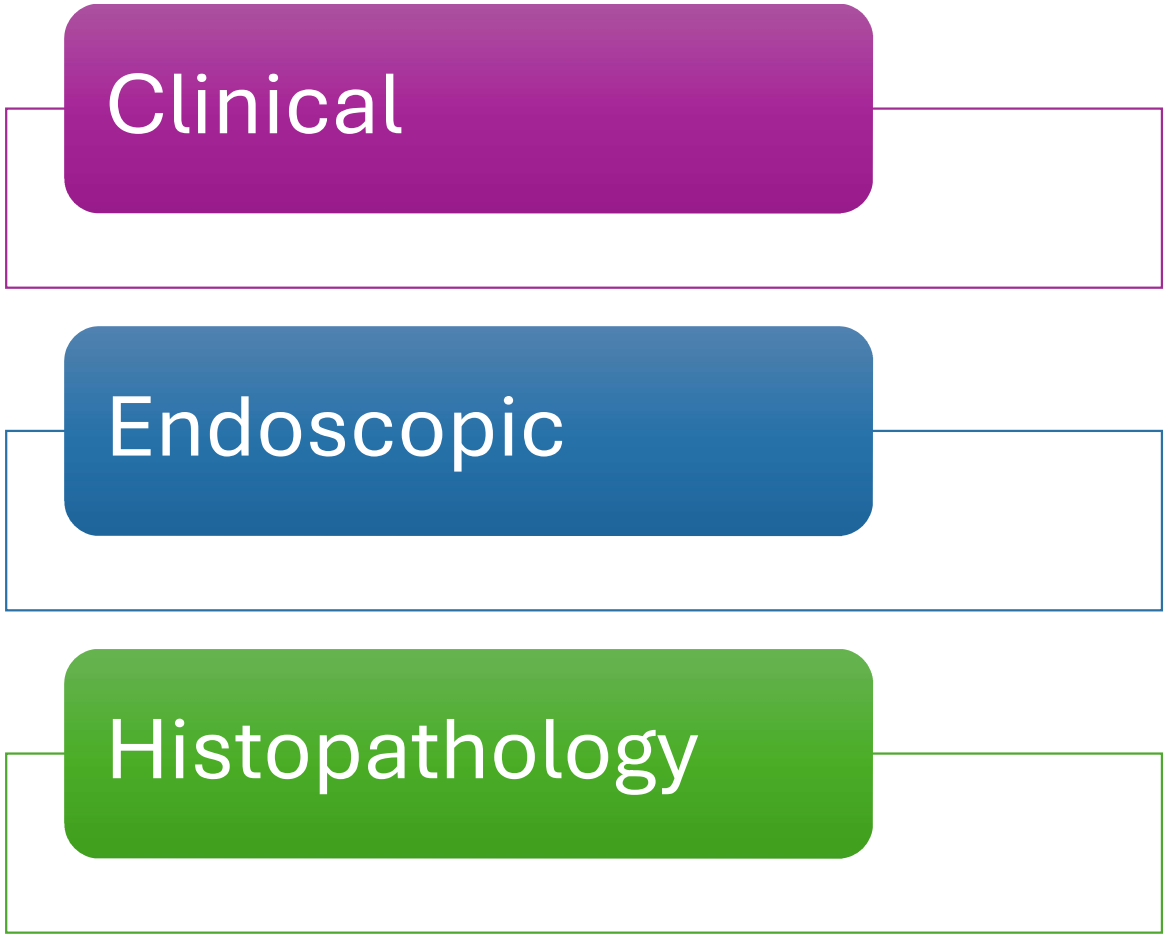
Epidemiology

The first cases were described in the late 1970s and it was defined as an entity in the early 1990s

EoE is common in both pediatric and adult populations.

Based on many population studies, the reported incidence of EoE is between 0.1/10,000 to 1.2/10,000 worldwide.

EoE can occur in all age groups; however, it is most common in men during their 20s and 30s, and the mean age of diagnosis is 34


Clinical
Endoscopic
Histopathology

Clinical Features

- Overlapping symptoms with GERD
- Most common manifestation is dysphagia to solid food
- Pediatric patients can present with nausea, vomiting or food intolerance
- A history of various atopic conditions such as asthma, atopic dermatitis, seasonal allergy, food allergy, allergic rhinitis, and eczema may be present as well.

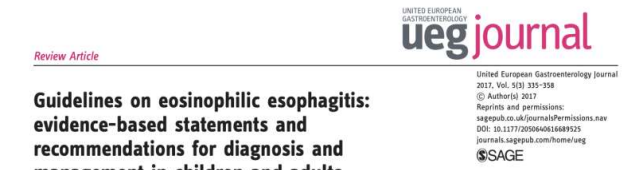
- Upper endoscopy with esophageal biopsy also should be done on patients with a presumed diagnosis of GERD who are resistant to optimal proton pump inhibitor (PPI) dose (20 to 40 mg orally twice daily) and duration (8 to 12 weeks)
- **The pathological diagnosis of EoE is made when eosinophils are present greater than or equal to 15 per high power field (HPF)**

Table II. Causes of tissue eosinophilia[15]

- Inflammatory bowel disease
- Hypereosinophilic syndrome
- Celiac disease
- Drug reactions
- Gastroesophageal reflux*
- Infections (herpes, candida, parasitosis)
- Certain neoplasms
- Vasculitis
- Food protein-induced enterocolitis

**Gastroesophageal reflux disease can induce eosinophilic infiltration, but generally below 5 eos/high-power field (HPF).*

Management of EOE



Review Article

Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults

United European Gastroenterology Journal
2017, Vol. 5(3) 335–358

DOI: 10.1177/2050640616689525
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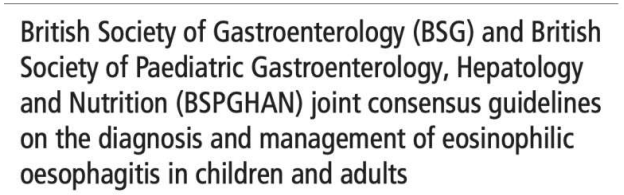
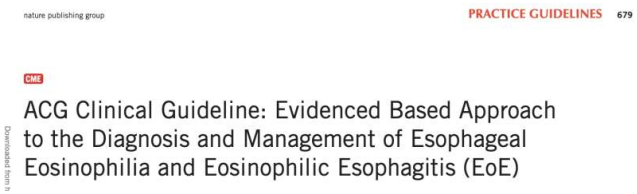
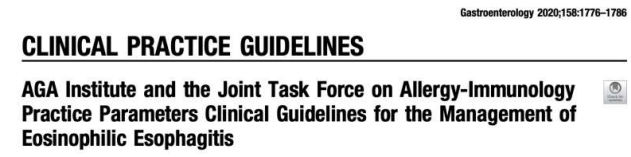


British Society of Gastroenterology (BSG) and British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) joint consensus guidelines on the diagnosis and management of eosinophilic oesophagitis in children and adults



CME

ACG Clinical Guideline: Evidenced Based Approach to the Diagnosis and Management of Esophageal Eosinophilia and Eosinophilic Esophagitis (EoE)



Gastroenterology 2020;158:1776–1786

CLINICAL PRACTICE GUIDELINES

AGA Institute and the Joint Task Force on Allergy-Immunology Practice Parameters Clinical Guidelines for the Management of Eosinophilic Esophagitis

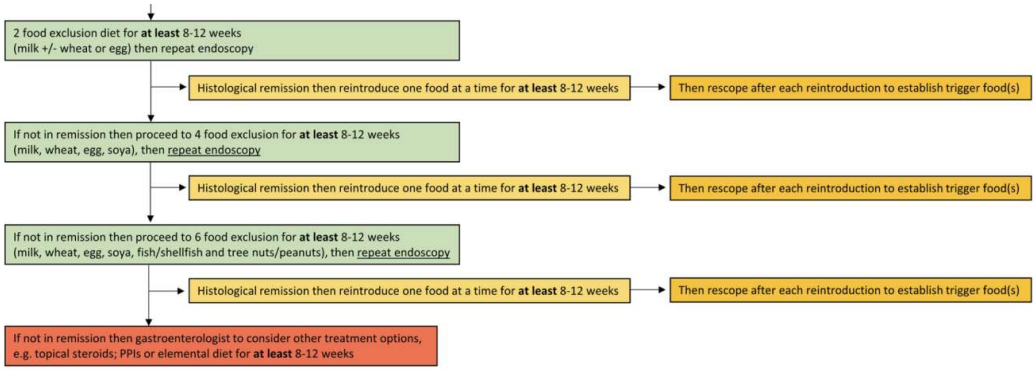
- Improvement in clinical symptoms and eosinophilic inflammation (<15eo/HPF)

Treatment and management

Dietary Treatment

Pharmacological Treatment

Endoscopic Management



Management – elimination diets

- Effective in achieving clinic-histological remission
- Six food elimination – higher remission rates 72% (cw two or four food elimination 40-50%) but associated with lower compliance
- Experienced dietitian guidance
- Allergy testing to foods is not recommended for choosing the type of dietary restriction
- Not routinely combined with pharmacological treatment (unless drug treatment failure)
- Elemental diet