

Pharmacological Treatment

- PPI 20 mg to 40 mg oral daily or twice daily
- If no eosinophils present in repeat biopsy, the diagnosis is either acid mediated GERD with eosinophilia or non GERD PPI responsive EoE with unknown mechanism
- Effective in inducing clinical (60%) and histological (50%) remission
- Less effective than topical budesonide (meta-analysis of RCTs)
- Omeprazole only PPI studied for EoE
- Twice daily (50% response rate) for at least 8-12 weeks then reassess (histological)
- Effective in maintaining remission in those who respond



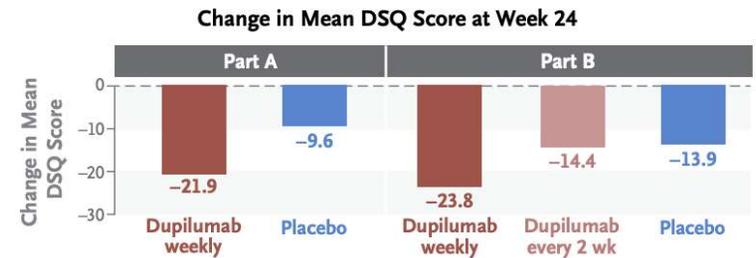
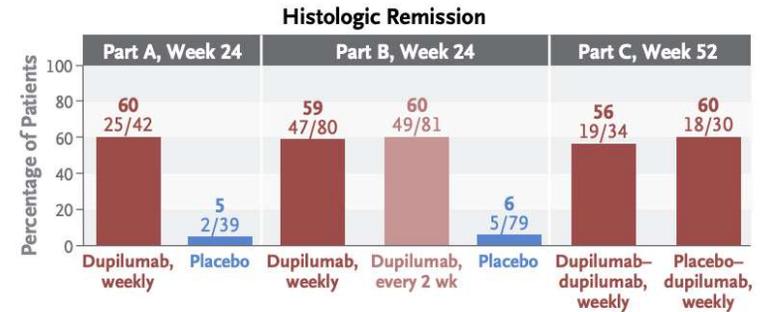
Management – Topical steroids

- Effective in inducing histological and clinical remission
- Swallowed fluticasone, budesonide (slurry, orodispersible tablets)
- Relapse is high after withdrawal of therapy, maintenance should be recommended
- Safe to continue longterm (oesophageal candida main s/e)
- Reduce the development of strictures



Management – emerging therapies

- Dupilumab IL-4/IL-13 mAb
- Cendakimab (IL-13) benralizumab (IL-5)
- Systemic steroids, immunomodulators and IBD-Mabs are not recommended



Incidence of Adverse Events at Week 24

Adverse Event	Part A		Part B		
	Dupilumab, weekly (N=42)	Placebo (N=39)	Dupilumab, weekly (N=80)	Dupilumab, every 2 wk (N=81)	Placebo (N=78)
	<i>no. of patients (%)</i>				
Death	0	0	0	0	0
Any adverse event	36 (86)	32 (82)	67 (84)	63 (78)	55 (71)
Serious adverse event	2 (5)	0	5 (6)	1 (1)	1 (1)

Endoscopic Treatment

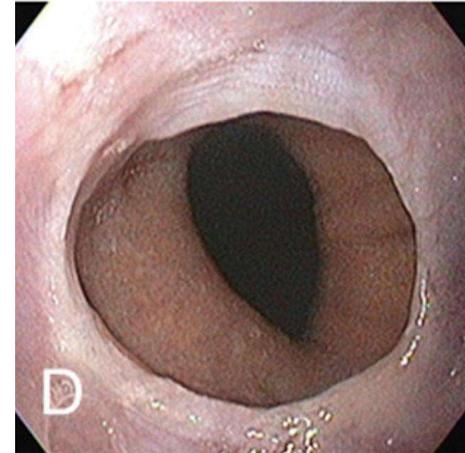
- Food Impaction
- Dilatation

During the course of EoE, progression from an inflammatory to fibrostenotic phenotype occurs.

With each additional year of undiagnosed EoE the risk of presence increases with 9%.

Complications:

- Fibrostenotic disease/strictures
 - Endoscopic dilatation (CRE balloon or bougie dilators)
 - Outcomes better if dilate & topical steroids
- Spontaneous perforation
 - EoE most common cause of spontaneous perf
 - At time of food bolus Obx, usually multiple small partial tears
 - Most resolve with conservative Rx, 30% require surgery



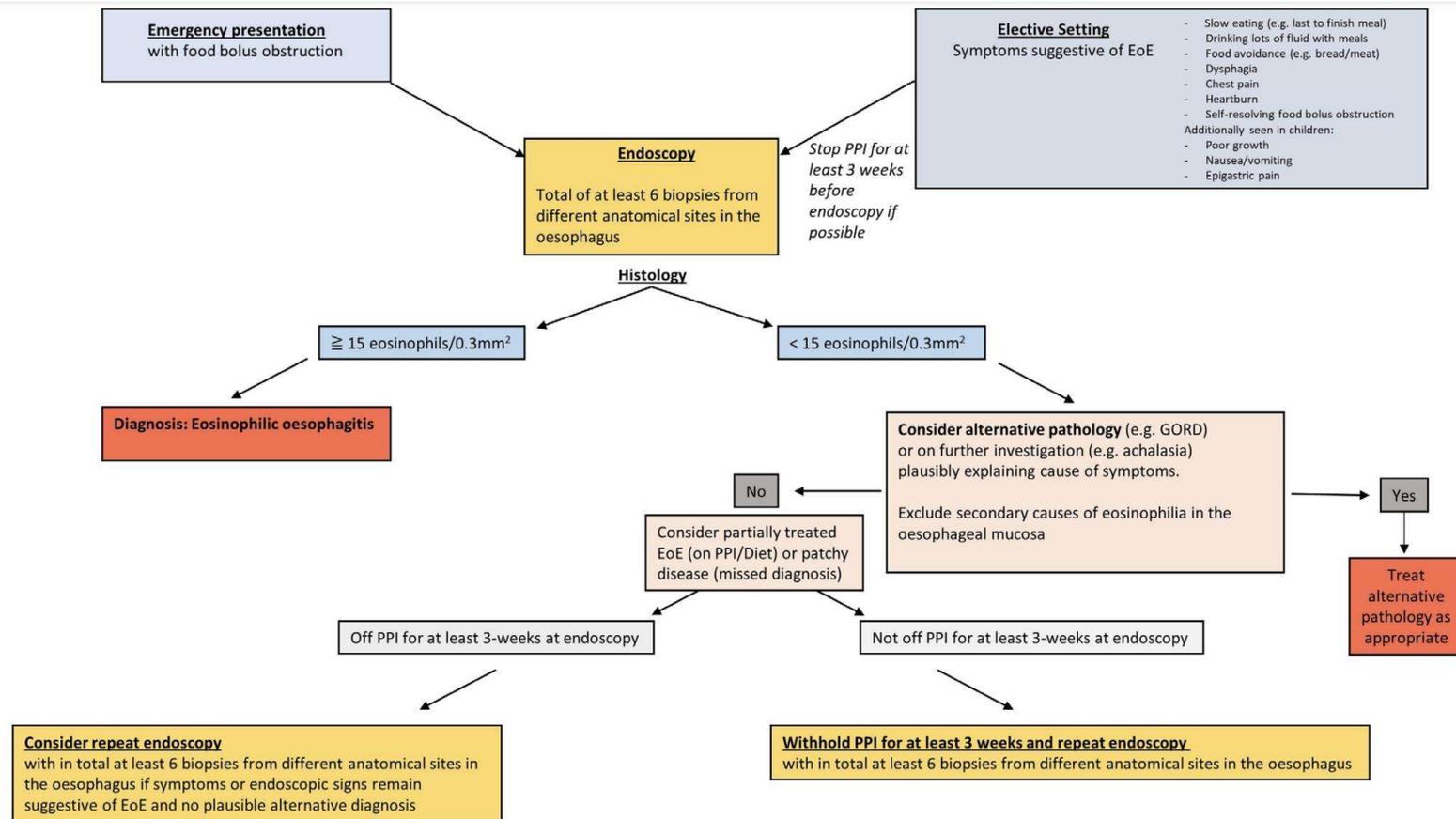


Figure 2 Eosinophilic oesophagitis diagnostic algorithm in emergency and elective settings. EoE, eosinophilic oesophagitis; GORD, gastro-oesophageal reflux disease; PPI, proton pump inhibitor.

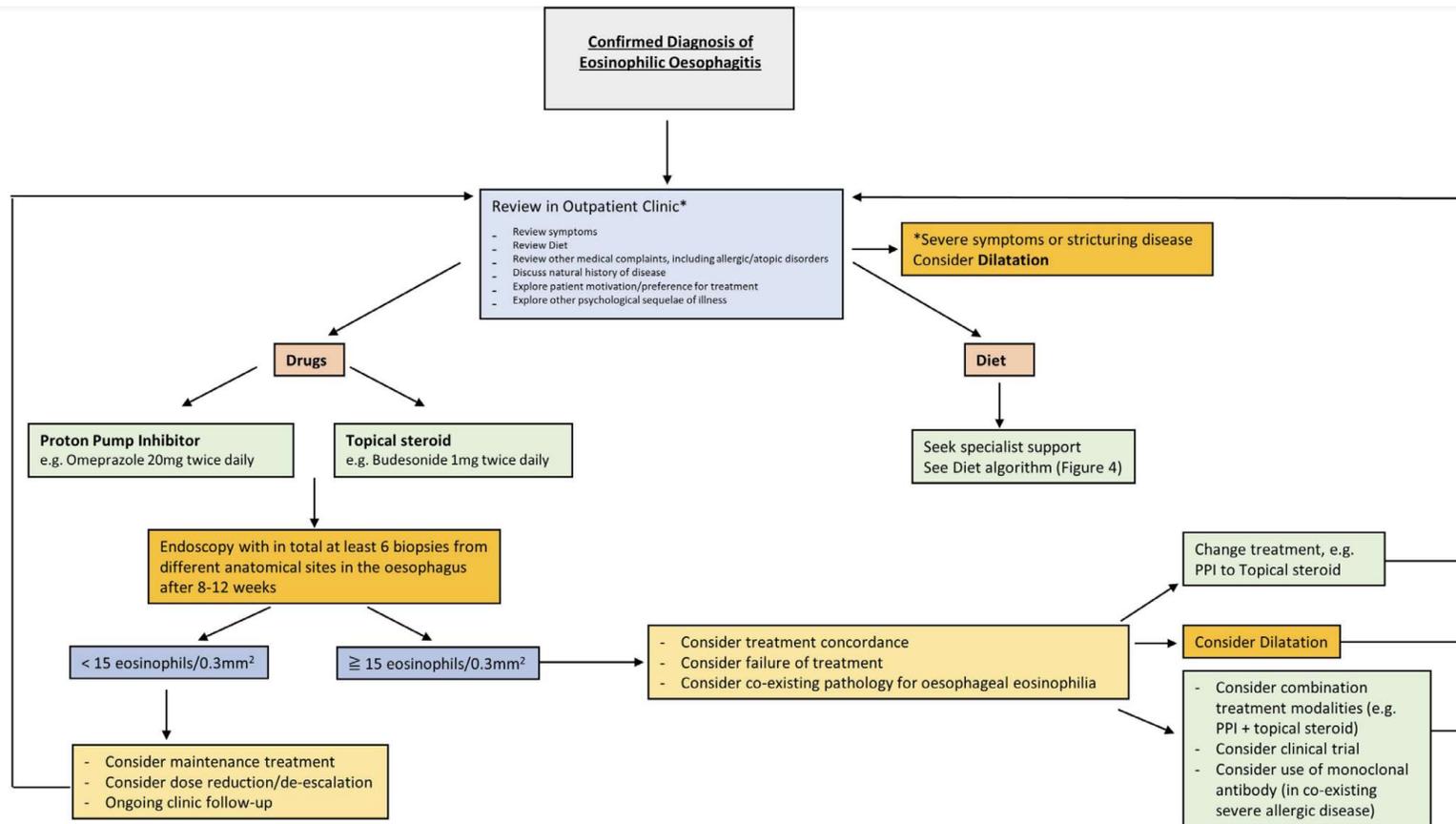


Figure 3 Eosinophilic oesophagitis management algorithm in adults and children. PPI, proton pump inhibitor.

Take Home Message

Consider EOE in PPI resistant symptomatic patients

Dietary Treatments are successful and can wean of medical management

Esophagus biopsies should always be taken in patients with dysphagia

Thank you