



## Diagnosis and Management of Eosinophilic Esophagitis

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### Diagnosis

**EoE is diagnosed based on the presence of:**

- Symptoms of esophageal dysfunction
- ≥15 eosinophils per high-power field on biopsy
- Evaluation for non-EoE disorders that can contribute to esophageal eosinophilia

**Use the EoE Endoscopic Reference Score (EREFS) to systematically assess endoscopic findings of EoE during each endoscopy**

<b>Edema</b>	1: Present (decreased vascularity)		
<b>Rings</b>	1: Mild (ridges)	2: Moderate (does not impede scope passage)	3: Severe (standard scope does not pass)
<b>Exudates</b>	1: ≤10% of surface area	2: >10% of surface area	
<b>Furrows</b>	1: Mild	2: Severe (with appreciable depth)	
<b>Stricture</b>	1: Present; also estimate diameter in mm		

E1 R2 Ex1 F2 S14

**Obtain at least 6 targeted biopsies from 2 esophageal levels!**

- Quantify number of eosinophils on biopsies from every endoscopy!

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### Treatment for Eosinophilic Esophagitis

PHARMACOLOGIC THERAPY

Proton Pump Inhibitors

- Adults: Omeprazole 20 mg BID or 40 mg daily or equivalent
- Children: 2mg/kg/day (or 1mg/kg twice daily)

Swallowed Topical Steroids

<p><b>Budesonide</b></p> <ul style="list-style-type: none"> <li>Adults: 2-4 mg/day</li> <li>Children: 1-2 mg/day</li> </ul>	<p><b>Fluticasone</b></p> <ul style="list-style-type: none"> <li>Adults: 1760 mcg/day in a divided dose</li> <li>Children 110-880mcg/day in a divided dose</li> </ul>
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A trial comparing budesonide to fluticasone showed similar efficacy; choice of topical steroid depends on local availability and patient/provider preference

**Dupilumab:** Consider for patients who are non-responsive to PPI treatment and for step-up therapy in most cases.

- ≥40 kg: 300 mg subq every week
- 30 to <40 kg: 300 mg subq every other week
- 15 to <30 kg: 200 mg subq every other week

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**Monitoring Response**

Assess symptoms, esophageal biopsies for histologic findings, and endoscopic features (EREFS). Symptoms should not be monitored in isolation.

**Maintenance Therapy**

Continue effective dietary or pharmacologic therapy to prevent recurrence of symptoms, histologic inflammation, and endoscopic abnormalities

**Pediatric Considerations**

- Dysphagia in a child with EoE? Consider an esophagram
- Consider evaluation by a feeding therapist and/or dietician as an adjunct therapeutic intervention in those with feeding dysfunction

BID = twice a day  
EoE = eosinophilic esophagitis

Eos = eosinophils  
EREFS = EOE Endoscopic Reference Score

FED = food elimination diet  
Hpf = high power field

Subq = subcutaneous

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