ACG Clinical Guideline: Diagnosis and Management of Eosinophilic Esophagitis

By: Nidah S. Khakoo, M.D.

Diagnosis of EoE

Recommendation 1: EoE is diagnosed based on the presence of symptoms of esophageal dysfunction AND at least 15 eos/hpf on biopsy, after evaluating for non-EoE disorders.

- Symptoms vary by age: dysphagia and food impaction (most common in adults); failure to thrive and poor growth (most common in children).
  - Presence of other atopic diseases (food allergies, asthma, eczema) should ↑ suspicion for EoE.
- Use "IMPACT" acronym to assess for behaviors related to dysphagia [**I**mbibe fluids, **M**odify foods, **P**rolong meal times, **A**void hard texture foods, **C**hew excessively, **T**urn away tablets/pills].

Recommendation 2: A systematic endoscopic scoring system should be used to characterize findings of EoE at every endoscopy.

- EoE Endoscopic Reference Score (EREFS) should be utilized – uses key features of 1) edema 2) rings 3) exudates 4) furrows and 5) strictures.
  - Score range 0-9 graded by severity. See Image 1.

Recommendations 3-4: Obtain at least 6 biopsies from 2 esophageal levels (proximal/mid and distal). Eosinophil counts should be quantified on biopsies from every endoscopy performed for EoE.

Management of EoE – Pharmacologic Treatment

Recommendations 5-7: PPI or swallowed topical steroids (fluticasone propionate or budesonide) should be used in treatment of EoE.

- PPI dosing (adults) = 2x approved reflux dose/day (i.e., omeprazole **20 mg BID or 40 mg once** or other equivalent)
  - Either once daily or divided doses before meals can be used based on consideration of adherence.
- Topical steroids dosing (adults) = **Budesonide: 2-4 mg/day** (can be split BID) OR **Fluticasone: 1750 µg/day** in split dose.

Management of EoE – Diet Elimination Treatment

Recommendations 8-9: Empiric food elimination diet (FED) can be used for EoE. Allergy testing to direct FEDs is NOT recommended.

Management of EoE – Biologics

Recommendations 10-12: Dupilumab should be used as treatment for EoE (including pediatric patients) who are NOT responsive to PPI therapy.

- This guideline does not make recommendations *for or against* cendakimab, benralizumab, lirentelimab, mepolizumab, or reslizumab.
- Screening for TB, HIV, or hepatitis is NOT required before starting medication.
- Therapeutic drug monitoring is NOT recommended.
- Common side effects: injection discomfort/erythema.

Recommendations 13-14: Omalizumab, cromolyn, or montelukast should NOT be used in the treatment of EoE.

Management of EoE – Endoscopy

Recommendation 15: Endoscopic dilation should be used as an adjunct to medical therapy as a treatment for esophageal strictures causing dysphagia.

- A goal diameter of ≥ 16 mm should be achieved over ≥ 1 session based on the initial lumen caliber.
- In those with fibrostenotic EoE, dilation therapy + anti-inflammatory therapy (diet elimination or pharmacological treatment) should be utilized.

Management of EoE – Maintenance

Recommendation 16: Continuation of effective dietary or pharmacologic therapy for EoE is recommended to prevent recurrence of symptoms, histologic inflammation, and endoscopic abnormalities.

6FED = 6 food elimination diet
EoE = eosinophilic esophagitis
Eos/Hpf = eosinophils per high power field
GERD = gastroesophageal reflux disease
IBD = inflammatory bowel disease
PPI = proton pump inhibitor

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Recommendation 17: Evaluate response to treatment of EoE with assessment of symptomatic, endoscopic, and histologic outcomes.

- Perform endoscopy to assess response in **8–12 weeks** after start of new therapy (either FED or PPI).
  - For dupilumab, assess between **12-24 weeks.**
- To evaluate response: 1) assess symptoms, 2) note EREFS, and 3) esophageal biopsies to be obtained.
- If patient has more severe symptoms (I.e., impaction or perforation), shorter & individualized follow-up is recommended.

Pediatric Management

Recommendations 18-19: In children with EoE, an esophagram should be used for evaluation of fibrostenotic EoE. Further evaluation by a feeding therapist or dietician should be used as an adjunctive interventions.

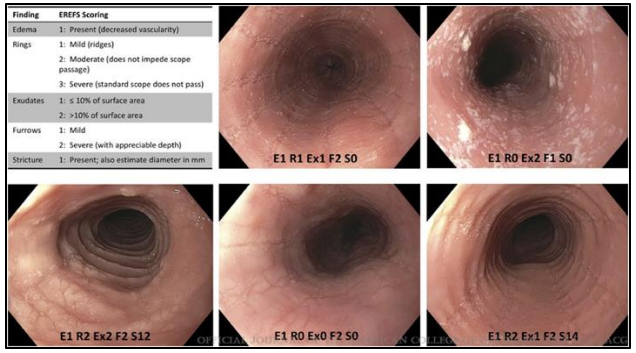

Image 1. EoE Endoscopic Reference Score (EREFS) with example scoring to be utilized in all endoscopies in those patients with suspected or confirmed EoE.

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Figure 1. Diagnostic Algorithm for EoE

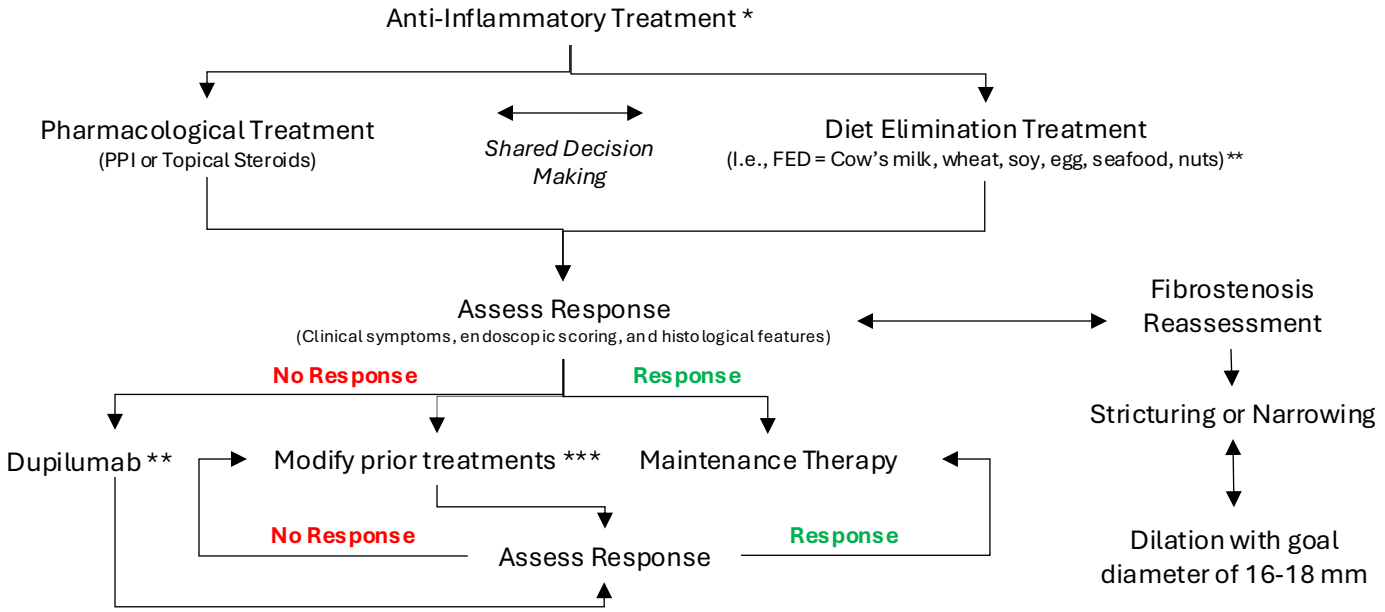
Clinical signs of EoE
Signs of esophageal dysfunction
"IMPACT" behaviors
Feeding dysfunction
Atopic conditions
Family history

→ **EGD with biopsy**
Assess EREFS
Assess for fibrostensosis
Obtain ≥ 6 biopsies

Biopsy with ≥ 15 eos/hpf
Evaluate for differential diagnosis of esophageal eosinophilia: GERD, pill esophagitis, drug hypersensitivity, IBD, achalasia, connective tissue or autoimmune, etc.

→ **Diagnosis of EoE**

Figure 2. Treatment Algorithm for EoE



* = Anti-inflammatory treatment is needed in all patients even if dilation is performed. Dilation can be considered prior to treatment if critical stricture present.
** = Can utilize a step-up dietary elimination approach (for example, 2 FED [wheat, soy] --> 4 FED [dairy, wheat, egg, soy] --> 6 FED) based on patient preference and ability to adhere to diet.
*** = Should be PPI non-responders OR intolerant to PPI; consider early use of dupilumab if moderate to severe asthma/eczema is present.
**** = Could include changing medications or moving to more restrictive diet.