

ACG GUIDELINE Highlights

Diagnosis and Management of **Eosinophilic Esophagitis**

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Diagnosis



EoE is diagnosed based on the presence of:

1. Symptoms of esophageal dysfunction 2. ≥15 eosinophils per high-power field 3. 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

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



Obtain at least 6 targeted biopsies from 2 esophageal levels!

• Quantify number of eosinophils on biopsies from every endoscopy!

Treatment for Eosinophilic Esophagitis



Shared Decision Making

Use shared decision making to select first line dietary (empiric elimination) or pharmacologic (PPI or topical steroids) therapy.

An empiric food elimination diet is suggested for treatment of EoE.

• Consider starting with a less restrictive empiric elimination (1FED or 2FED) initially

Allergy testing to direct food elimination diets is not currently suggested

Trials show that 1FED has similar response rates to more restrictive diets

Endoscopic • **Dilation**

Elimination

Esophageal dilation should be used in parallel with anti-inflammatory therapy in patients with esophageal strictures and dysphagia, and not used as monotherapy.

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

Budesonide

- Adults: 2-4 mg/day
- Children: 1-2 mg/day

Fluticasone

- Adults: 1760 mcg/day in a divided dose
- Children 110-880mcg/day in a divided dose

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 subg every other week

• 15 to <30 kg: 200 mg subq every other week

Monitoring Response

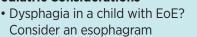
Assess symptoms, esophageal biopsies for histologic findings, and endoscopic features (EREFS). Symptoms should not be monitored in isolation.

Maintenance Therapy

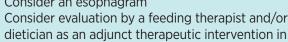
PhD; Glenn T. Furuta, MD; Nirmala Gonsalves, MD FACG; Ikuo Hirano, MD FACG The American Journal of Gastroenterology 120(1): 31-59, January 2025.

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

Pediatric Considerations



those with feeding dysfunction



BID = twice a day Eos = eosinophils EREFS = EOE Endoscopic Reference Score

FED = food elimination diet Hpf = high power field

Subq = subcutaneous

EoE = eosinophilic esophagitis

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