Management of Eosinophilic Esophagitis

Key Points

Management

Treatment
**Eosinophilic esophagitis (EoE)** was first characterized in the early 1990s and understood to be a food antigen-driven Th2 inflammatory condition.

A large body of evidence suggests that EoE subjects have aeroallergen sensitization and concurrent atopic diseases including asthma, allergic rhinitis and eczema.

- There is a close interaction between these organ-specific diseases and a potential for common triggering antigens in EoE and other atopic conditions.

### Recommendations on the Management of EoE

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strength of recommendation</th>
<th>Quality of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In patients with symptomatic esophageal eosinophilia, the AGA/JTF suggests using proton pump inhibition over no treatment.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
<tr>
<td>2. In patients with EoE, the AGA/JTF recommends topical glucocorticosteroids over no treatment.</td>
<td>Strong</td>
<td>Moderate</td>
</tr>
<tr>
<td>3. In patients with EoE, the AGA/JTF suggests topical glucocorticosteroids rather than oral glucocorticosteroids.</td>
<td>Conditional</td>
<td>Moderate</td>
</tr>
<tr>
<td>4. In patients with EoE, the AGA/JTF suggests using elemental diet over no treatment. <strong>Comment</strong>: Patients who put a higher value on avoiding the challenges of adherence to an elemental diet and the prolonged process of dietary reintroduction may reasonably decline this treatment option.</td>
<td>Conditional</td>
<td>Moderate</td>
</tr>
<tr>
<td>5. In patients with EoE, the AGA/JTF suggests using an empiric, 6-food elimination diet over no treatment. <strong>Comment</strong>: Patients who put a higher value on avoiding the challenges of adherence to diet involving elimination of multiple common food staples and the prolonged process of dietary reintroduction may reasonably decline this treatment option.</td>
<td>Conditional</td>
<td>Low</td>
</tr>
<tr>
<td>6. In patients with EoE, the AGA/JTF suggests using an allergy testing-based elimination diet over no treatment. <strong>Comment</strong>: Due to the potential limited accuracy of currently available, allergy-based testing for the identification of specific food triggers for EoE, patients may prefer alternative medical or dietary therapies to an exclusively testing-based elimination diet.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
<tr>
<td>7. In patient with EoE in remission after short-term use of topical glucocorticosteroids, the AGA/JTF suggests continuation of topical glucocorticosteroids over discontinuation of treatment. <strong>Comments</strong>: Patients who put a high value on the avoidance of long-term topical steroid use and its possible associated adverse effects, and/or place a lower value on the prevention of potential long-term undesirable outcomes (ie, recurrent dysphagia, food impaction, and esophageal stricture), could reasonably prefer cessation of treatment after initial remission is achieved, provided clinical follow-up is maintained.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
</tbody>
</table>
### Recommendations on the Management of EoE (cont’d)

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<th>Strength of recommendation</th>
<th>Quality of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Recommendation: In adult patients with dysphagia from a stricture associated with EoE, the AGA/JTF suggests endoscopic dilation over no dilation. <strong>Comment:</strong> Esophageal dilation does not address the esophageal inflammation associated with EoE.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
<tr>
<td>9. In patients with EoE, the AGA/JTF recommends using anti-IL-5 therapy for EoE only in the context of a clinical trial.</td>
<td>No recommendation</td>
<td>Knowledge gap</td>
</tr>
<tr>
<td>10. In patients with EoE, the AGA/JTF recommends using anti-IL-13 or anti-IL-4 receptor a therapy for EoE only in the context of a clinical trial.</td>
<td>No recommendation</td>
<td>Knowledge gap</td>
</tr>
<tr>
<td>11. In patients with EoE, the AGA/JTF suggests <strong>against</strong> the use of anti-IgE therapy for EoE.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
<tr>
<td>12-15. In patients with EoE the AGA/JTF suggest using montelukast, cromolyn sodium, immunomodulators, and anti-TNF for EoE only in the context of a clinical trial.</td>
<td>No recommendation</td>
<td>Knowledge gap</td>
</tr>
</tbody>
</table>

### Treatment of Eosinophilic Esophagitis (EoE) Clinical Decision Support Tool

**Suspected eosinophilic esophagitis**
- **Eosinophilic esophagitis**
- **Medical therapy**
  - Proton pump inhibition
  - Topical corticosteroids
- **Diet therapy**
  - Empiric elimination
  - Elemental formula
  - Allergy testing directed
- **Esophageal dilation**
- **Maintenance therapy**

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1. **Secondary causes of esophageal eosinophilia:**
   - Gastroesophageal reflux disease
   - Eosinophilic gastrointestinal disease
   - Achalasia
   - Hyperesinophilic syndrome
   - Esophageal Crohn’s disease
   - Infections (fungal, viral)
   - Connective tissue disorders
   - Autoimmune disorders
   - Vasculitis
   - Drug hypersensitivity reactions
   - Pill esophagitis
   - Stasis esophagitis
   - Graft versus host disease
   - Marfan syndrome type II
   - Hyper-IgE syndrome
   - PTEN hamartoma tumor syndrome
   - Netherton’s syndrome
   - Severe atopic metabolic wasting syndrome

2. **Recommendation in favor of empiric elimination diets is based on the published experience with the six food elimination diet (SFED). Patients who put a higher value on avoiding the challenges of adherence to diet involving elimination of multiple common food staples and the prolonged process of dietary reintroduction may reasonably decline this treatment option. Emerging data on less restrictive diets (4 food, milk elimination, 2-4-6 step up diet) may increase both provider and patient preference for diet therapy.**

3. **Patients who put a higher value on avoiding the challenges of adherence to an elemental diet and the prolonged process of dietary reintroduction may reasonably decline this treatment option.**

4. **Due to the potential limited accuracy of the currently available, allergy-based testing for the identification of specific food triggers for EoE, patients may prefer alternative medical or dietary therapies to an exclusively testing-based elimination diet.**

5. **Esophageal dilation does not address the esophageal inflammation associated with eosinophilic esophagitis.**
American Gastroenterological Association and the Joint Task Force on Allergy-Immunology Practice Parameters Clinical Guidelines for the Management of Eosinophilic Esophagitis

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Abbreviations
AGA/JTF, American Gastroenterological Association/Joint Task Force; EoE, Eosinophilic esophagitis; IgE, Immunoglobulin E; IL, interleukin; SFED, six food elimination diet; TNF, tumor necrosis factor

Source

Disclaimer
This pocket guide attempts to define principles of practice that should produce high-quality patient care. It focuses on the needs of primary care practice, but also is applicable to providers at all levels. This pocket guide should not be considered exclusive of other methods of care reasonably directed at obtaining the same results. The ultimate judgment concerning the propriety of any course of conduct must be made by the clinician after consideration of each individual patient situation. Neither IGC, the medical associations, nor the authors endorse any product or service associated with the distributor of this clinical reference tool.

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