

Eosinophilic Esophagitis: An Evidence-Based Approach to Therapy

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CME Items

- Which of the following is currently included in the diagnosis of eosinophilic esophagitis (EoE)?
 - The presence of chronic or intermittent symptoms related to esophageal dysfunction.
 - The need for multiple biopsies taken from the esophageal epithelium.
 - Eosinophil-predominant inflammation in esophageal biopsies (ie, ≥ 15 eosinophils per HPF).
 - All of the above.
- Regarding the allergens responsible for EoE, which of the following is the wrong answer?
 - In the vast majority of cases the disease appears to be triggered and maintained by ordinary dietary antigens.
 - Skin tests have suboptimal ability to identify the food responsible for the EoE.
 - Studies are consistent in identifying egg proteins as the food most frequently involved in the origin of EoE.
 - Prolonged avoidance of exposure maintains remission.
- Which of the following is a goal in the treatment of EoE?
 - Resolution of symptoms.
 - Induction and maintenance of remission of esophageal inflammation.
 - Prevention of complications of the disease and the adverse effects of treatment.
 - All of the above.
- Which is the wrong answer regarding the dietary management of EoE?
 - Although there are no controlled clinical trials, the efficacy of an elemental diet to induce remission of EoE has been very high in repeated observational studies and case series and summarized in meta-analyses.
 - The remission rate associated with the exclusion diet (based on allergy testing) is higher than that of empirical removal of 6 foods.
 - After inducing remission with various dietary patterns, sequential reintroduction of foods with endoscopic and histological monitoring can accurately identify the food responsible for EoE.
 - Continued avoidance of the food responsible for EoE enables remission to be maintained for long periods.
- Select the wrong answer regarding the pharmacologic treatment of EoE.
 - Fluticasone propionate was significantly less effective than prednisone for remission of EoE, although both drugs improved symptoms comparably.
 - Fluticasone is able to reverse the changes in gene expression in esophageal epithelial cells associated with EoE.
 - According to a network meta-analysis, budesonide in viscous solution is currently the best drug for induction of remission of EoE.
 - Several placebo-controlled trials in children and adults demonstrate the efficacy and tolerability of budesonide in EoE.
- Select the wrong answer regarding the pharmacological management of EoE.
 - Owing to their safety, low cost, and moderate efficacy, proton pump inhibitors are considered first-line therapy for EoE patients.
 - Dietary restrictions are not needed in patients whose disease resolved after treatment with topical corticosteroids.
 - Evidence from an RCT has shown that the anti-IgE agent omalizumab is effective in inducing histological remission of EoE in adult patients.
 - Evidence from an RCT has shown that low-dose budesonide was more effective than placebo in maintaining EoE in histologic and clinical remission.
- Which of the following is true for endoscopic dilation in EoE patients?
 - The procedure has a greater risk of severe side effects, including esophageal perforations, than in other esophageal conditions.
 - The efficacy of esophageal dilation in the long term has not been assessed yet.
 - One meta-analysis showed that 75% of patients experienced some degree of symptom relief with dilation, at least in the short-term.
 - Endoscopic dilation is recommended as the only therapy in EoE patients whose symptoms improve after the procedure.
- Regarding the potential side effects of therapy in EoE, which of the following is false?
 - Esophageal *Candida* infection is the main short-term side effect of topical corticosteroids in around 10% of treated patients.
 - The effect of topical corticosteroids on bone mineral density and the growth rates of treated EoE patients have been demonstrated in long-term follow-up studies.
 - Esophageal *Candida* infection was an asymptomatic finding in follow-up endoscopies in most patients treated with topical corticosteroids.
 - An elemental diet has an impact on psychological and social determinants of health-related quality of life in pediatric and adult patients with EoE.
- Which of the following statements about the long-term management of EoE is not true?
 - The well-documented association between the symptoms of EoE and histology findings makes it possible to predict the absence of active eosinophilic inflammation in a patient with no evidence of esophageal symptoms.
 - PPIs are efficient in maintaining remission in the long term in most patients 1 year after the dosage is tapered to the minimum effective dose.
 - Patients who experienced relapsing inflammation while on low-dose PPIs regained histological remission after dose escalation, suggesting that twice-daily doses are needed in some patients.
 - Since EoE is a chronic disease and the patient's needs may evolve over time, the chosen therapeutic option can be also modified in line with the individual patient's characteristics at different time points.
- Which of the following statements regarding the natural history of EoE is incorrect?
 - EoE now represents one of the most common causes of upper gastrointestinal symptoms in children and adults.
 - In the absence of treatment, esophageal inflammation and derived symptoms persist from childhood to adulthood.
 - In the absence of treatment, EoE significantly reduces patient quality of life.
 - Adult patients with EoE usually present nutritional deficiencies as a result of chronic dysphagia.