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Summary

PREVALENCE OF GERD IN PATIENTS WITH EOSINOPHILIC ESOPHAGITIS AND ITS IMPACT ON TREATMENT OUTCOMES: INSIGHTS FROM A SWEDISH TERTIARY CENTRE COHORT

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In a Swedish tertiary care cohort of 305 adult EoE patients, 19% had objectively proven concomitant GERD by Lyon criteria and pH-metry, with Barrett's esophagus found in 16% of the EoE+GERD subgroup.

KEY POINTS

- Among EoE patients with concomitant GERD, PPI therapy achieved higher clinical response (88% vs 66%, p<0.05) compared to EoE patients without GERD.
- EoE+GERD patients were more frequently maintained on PPI monotherapy (62% vs 34%, p<0.001) or PPI combined with corticosteroids (21% vs 7%, p=0.002), while EoE non-GERD patients more often required corticosteroid-only (33% vs 7%, p<0.001) or dietary therapy (13% vs 2%, p=0.03).
- Budesonide was associated with higher histological remission than fluticasone (84% vs 58%, RR 1.47, 95% CI 1.19-1.81, p<0.05) and lower treatment failure (4% vs 16%, RR 0.23, 95% CI 0.08-0.66, p<0.05) among patients receiving topical corticosteroids.
- Despite different maintenance regimens, histological remission rates and the proportion of patients remaining on PPI with persistent histological activity were similar between EoE+GERD and EoE non-GERD groups (31% vs 32%).
- PPI maintenance therapy was associated with significantly higher odds of loss to follow-up (OR 2.86, 95% CI 1.74-4.70, p<0.001) in EoE patients.

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