

EoE with Alex Straumann - Part 2

Egle Dieninyte - Misiune

Podcast Episode

Oesophagus

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Eosinophilic oesophagitis requires lifelong management because deep remission without treatment is achievable in only about 10% of patients and relapse invariably follows treatment cessation.

KEY POINTS

- The disease is not curable; patients need continuous treatment with either dietary elimination or medication, and relapse occurs within days to months after stopping therapy.
- First-line topical corticosteroids achieve treatment goals in about 80% of patients at approximately \$7 per day, while the remaining 20% require biologics such as dupilumab, which costs over \$30,000 annually and achieves nearly 100% success.
- When histological remission is achieved but dysphagia persists, the cause is typically oesophageal remodelling and fibrosis rather than active inflammation, and treatment shifts to mechanical dilation with a target diameter of at least 16mm.
- Major unmet needs include a reliable test to identify culprit foods and the possibility of inducing immune tolerance; the speaker suggests that industrialised food production may have increased allergenicity compared to traditional methods.
- Clinicians managing EOE will benefit from practical symptom monitoring techniques, including visual analogue scales and asking patients to compare their current eating speed to their pre-disease baseline.

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