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Summary

# Eosinophilic Esophagitis

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**A Brazilian expert reviews the diagnostic challenges, treatment landscape, and new clinical guidelines for eosinophilic esophagitis across Latin America, where long diagnostic delays and limited access to approved therapies remain major barriers.**

## KEY POINTS

- The speaker reported that median diagnostic delay for EOE is approximately eight months in Argentina, with delays in other Latin American countries potentially much longer, raising concerns about missing the window to prevent fibrostenotic progression.
- A joint survey found that only 56 percent of Latin American and Spanish gastroenterologists followed the recommended biopsy protocol of three to four biopsies from both proximal and distal esophagus, highlighting the need for more consistent implementation.
- The speaker presented new Brazilian clinical guidelines recommending a diagnostic pathway combining clinical assessment, endoscopic findings, and histological confirmation with at least six biopsies, and offering four treatment options: empirical elimination diets, swallowed topical steroids, PPIs, and dupilumab.
- The speaker stated that PPIs are the most common first-line treatment in South American real-world practice, used in 55 to 93 percent of patients, with personalized treatment selection based on disease severity, patient preference, availability, and cost.
- Major access barriers include unavailability of approved viscous steroid formulations in Colombia and high cost of dupilumab in Mexico and Brazil, sometimes requiring use of compounded formulations.
- The guidelines recommend maintenance therapy for all patients achieving remission, with follow-up endoscopy at 8 to 12 weeks after treatment initiation and clinical visits every 12 to 24 months for stable patients, guided by objective assessment rather than symptoms alone.

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