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Summary

Cracking the code of EoE: Fresh rules for a puzzling disease – adult GI and transition of care perspectives

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European guidelines now recommend phenotype-driven management of eosinophilic esophagitis, with treatment tailored to inflammatory versus fibrostenotic presentations identified at diagnosis, and simplify diagnostic requirements by eliminating routine gastric and duodenal biopsies in macroscopically normal mucosa.

KEY POINTS

- The speaker stated that new European guidelines endorsed by the EAACI recommend treatment selection based on phenotype: for inflammatory or mixed phenotypes, first-line options include PPI therapy at double doses, topical corticosteroids, or step-up empiric elimination diet starting with one to two food groups, while fibrostenotic phenotypes with narrow-caliber esophagus should receive topical corticosteroids followed by endoscopic dilation.
- Routine gastric and duodenal biopsies are no longer mandatory for EoE diagnosis unless the patient has symptoms referable to those areas or visible endoscopic abnormalities, focusing biopsy sampling on at least six specimens from at least two esophageal levels, particularly areas with furrows and exudates.
- The speaker reported that approximately 20 to 25 percent of patients present with stricturing disease from the outset despite reduced diagnostic delay, and these patients are more commonly male, respond poorly to PPIs and diets, frequently present to emergency departments with food impaction, and require specialized gastroenterology follow-up with close long-term dietary adherence.
- Transition from pediatric to adult care should be a structured process beginning in early adolescence, including assessment of transition readiness using questionnaires, joint meetings between pediatric and adult gastroenterologists, and confirmation of disease control with at least six months of remission before transfer, rather than a single handoff event.

- The speaker stated that dupilumab can be used in children over one year of age and 15 kilograms with EoE refractory to first-line therapy and leads to remission in 60 to 70 percent, with an ongoing study on de-escalation led by the Eosinophilic Diseases Special Interest Group of ESPGHAN.
- Monitoring should rely on objective measures such as endoscopy and biopsies rather than symptoms alone because patients adapt feeding behaviors to avoid dysphagia, and the speaker highlighted growing evidence for transnasal endoscopy and future incorporation of minimally invasive methods including the string test, Cytosponge, and blood-based biomarkers.

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