

Therapy update EoE: Conventional treatment and treatment options for children

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UEG Week Berlin 2025

Presentation

October 7, 2025

The speaker reviewed conventional treatment options for eosinophilic oesophagitis in children and adults, focusing on PPIs and swallowed topical corticosteroids as effective induction and maintenance therapies requiring ongoing monitoring.

KEY POINTS

- PPIs work through both acid suppression and anti-inflammatory effects via IL-13 and eotaxin-3 pathways independent of gastric acid inhibition, with the speaker citing a recent meta-analysis showing geographical differences in response (better in Asian populations than European)
- For PPI therapy, the speaker recommended double standard dose for 6-7 weeks induction followed by maintenance at half the effective dose, taken 30 minutes before meals, with confirmation of remission via endoscopy and biopsies
- Swallowed topical corticosteroids, which the speaker described as the best-studied drug class in EOE, showed sustained remission in extension studies up to three years, with budesonide orodispersible tablet approved in Europe
- The speaker recommended topical corticosteroid induction at 1mg twice daily for 6-12 weeks, with maintenance dosing at 1mg twice daily, 0.5mg twice daily, or the speaker's personal practice of 1mg nightly
- In children, PPIs and topical steroids are effective but clinical improvement measures are less consistent than histological response, possibly due to subjective parent reporting of symptoms
- The speaker noted that monitoring via endoscopy is essential because some patients report symptomatic improvement on PPIs while still having active disease histologically, and recommended exploring combination treatment approaches

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