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Summary

Panel discussion: Therapy update - EoE

UEG Week Berlin 2025 | Presentation

Mechanisms & Personalised Medicine | Small Intestine & Nutrition | Oesophagus | Paediatrics

October 7, 2025

Panel discussion on practical management challenges in eosinophilic esophagitis addressed non-endoscopic monitoring, biologic use in pregnancy, maintenance surveillance strategies, and treatment escalation approaches.

KEY POINTS

- Multiple non-invasive approaches to avoid endoscopy are in development, including methods to capture oesophageal content, blood biomarkers, and saliva biomarkers, but none are ready for clinical practice and endoscopy cannot currently be omitted.
- The speaker stated dupilumab does not have reassuring safety data in pregnancy and is not in the league of safe biologics, though the speaker has used it in severe cases after careful decision-making; EOE often improves during pregnancy.
- No evidence-based recommendation exists for routine endoscopy timing during stable maintenance therapy; panelists recommend close symptom follow-up and endoscopy 12 weeks after any change in therapeutic regimen.
- The panel does not recommend combination therapy because no evidence shows it is superior to single effective therapy, and if one therapy fails to achieve remission it should be stopped and a new one started.
- The speaker believes patients with severe fibrous stenosis phenotype and high inflammatory load may be candidates for rapid step-up to biologics within 3 to 6 months, but favors this over immediate top-down biologic initiation.
- Asymptomatic oesophageal eosinophilia found incidentally is not EOE under current definitions and should be monitored for symptom development; the speaker noted one in five such patients may develop symptoms based on Japanese literature.

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