

Eosinophilic Esophagitis

Diagnosis, treatment ladder, maintenance therapy, and pediatric considerations in eosinophilic esophagitis.

GRADE Strong Rec Conditional Rec

1 Diagnosis

STATEMENT	GRADE
Diagnose EoE based on symptoms of esophageal dysfunction plus ≥15 eos/hpf on biopsy, after evaluating for non-EoE causes of esophageal eosinophilia	1· Strong
Use a systematic endoscopic scoring system (e.g., EoE Endoscopic Reference Score) at every endoscopy	1· Strong
Obtain ≥6 esophageal biopsies from ≥2 levels (e.g., proximal/mid and distal), targeting endoscopic findings when possible	1· Strong
Quantify eosinophil counts on esophageal biopsies at every endoscopy performed for EoE	1· Strong

2 Treatment — Pharmacologic & Dietary

CATEGORY	STATEMENT	GRADE
PPI	Suggested as a treatment for EoE	2· Conditional
Topical steroids	Swallowed topical steroids recommended; either fluticasone propionate or budesonide suggested	1 / 2
Dietary elimination	Empiric food elimination diet suggested; allergy testing not suggested to direct elimination diets	2· Conditional
Biologics	Dupilumab suggested for age ≥12y and pediatric (1–11y) nonresponsive to PPI; insufficient evidence for cendakimab, benralizumab, lilentelimab, mepolizumab, reslizumab; against omalizumab	2· Conditional
Small molecules	Against cromolyn and montelukast	2· Conditional

3 Dilation, Maintenance & Monitoring

STATEMENT	GRADE
Endoscopic dilation as adjunct to medical therapy for esophageal strictures causing dysphagia	2· Conditional
Continue effective dietary or pharmacologic therapy to prevent recurrence of symptoms, histologic inflammation, and endoscopic abnormalities	1· Strong
Evaluate treatment response with symptomatic, endoscopic, and histologic assessment	1· Strong

4 Pediatric-Specific Considerations

2 In children with EoE and dysphagia, suggest an esophagram to evaluate for fibrostenotic disease.
2 Suggest evaluation by a feeding therapist and/or dietician as an adjunctive intervention in children with EoE and feeding dysfunction.