

Importance of Assessing Key Disease Domains in EoE



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SYMPTOMS¹⁻⁷

- **Dysphagia and food impaction** lead to anxiety, psychosocial burden, and reduced **QoL**.²⁻⁶
- Food impactions may represent **fibrostenotic complications**.⁷

ENDOSCOPY^{2,8,9}

- **Endoscopy with biopsy** is critically important to assess response to treatment, as **symptoms** poorly correlate with **histology**.⁹
- Dilation alleviates symptoms due to **reduced esophageal caliber**, but does not treat underlying inflammation.²

HISTOLOGY^{7,10-13}

- Histologic remission criteria include **<15 eos/hpf**¹¹ or **≤6 eos/hpf**, a more stringent threshold¹²
- Histologic features such as **basal zone hyperplasia and lamina propria fibrosis** indicate impaired barrier function and esophageal remodeling.^{7,13}

WHY IS IT IMPORTANT TO ASSESS MULTIPLE DISEASE DOMAINS IN EoE?

Outcomes from different disease domains may be discordant with one another¹⁴

- **Symptoms** may persist and fibrotic changes may still occur despite **histologic** remission.^{9,15,16}
- **Symptoms** may not be present despite **endoscopic** and **histologic** evidence of inflammation.³
- Subtle esophageal findings of EoE may not be recognized by the less-experienced endoscopist and routine **endoscopic** findings alone may not detect sections of reduced luminal diameter and microscopic inflammation, thereby requiring additional **histologic** assessments.^{9,14,15,17,18}
- EoE-specific **QoL** assessments may not correlate with mild forms of endoscopic features of EoE and basal layer hyperplasia, thus requiring confirmation from **endoscopic** and **histologic** findings.³



Comprehensive assessment using symptoms and QoL, histology, and endoscopy, enables an individualized, patient-centric approach to the management of EoE^{7,9,11,15}

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EoE, eosinophilic esophagitis; eos/hpf, eosinophils per high-power field; QoL, quality of life.

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