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# Diagnostic approach to eosinophilic oesophagitis: Pearls and pitfalls



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### A B S T R A C T

#### Keywords:

Eosinophilic oesophagitis  
PPI-responsive oesophageal eosinophilia  
Eosinophils

Eosinophilic oesophagitis (EoE) has first been described a little over 20 years ago. EoE has been defined by a panel of international experts as a “chronic, immune/antigen-mediated, oesophageal disease, characterized clinically by symptoms related to oesophageal dysfunction and histologically by eosinophil-predominant inflammation”. A value of  $\geq 15$  eosinophils has been defined as histologic diagnostic cutoff. Other conditions associated with oesophageal eosinophilia, such as gastro-oesophageal reflux disease (GERD), PPI-responsive oesophageal eosinophilia, or Crohn's disease should be excluded before EoE can be diagnosed. This review highlights the latest insights regarding the diagnosis and differential diagnosis of EoE.

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## Introduction

Eosinophilic oesophagitis (EoE) has first been described as distinct disease entity in the early 1990s [1,2]. The first comprehensive definition of EoE was published in 2007 [3]. Hence, until 2007, the diagnosis of EoE was not standardized. In the updated 2011 guidelines, EoE was defined by an international expert panel as “a chronic, immune/antigen-mediated, oesophageal disease, characterized clinically by symptoms related to oesophageal dysfunction and histologically by eosinophil-predominant inflammation” [4]. This diagnostic definition highlights that there is no single test to affirmatively diagnose EoE, but that the diagnosis relies rather on a combination of typical symptoms

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and characteristic histologic findings (Fig. 1). Of note, several differential diagnoses associated with oesophageal eosinophilia have to be excluded before EoE diagnosis can be established (Table 1).

### Normal values of eosinophils in the gastrointestinal tract

Under normal conditions, the oesophageal epithelium is devoid of eosinophils. As such, every accumulation of eosinophils in the oesophageal mucosa can be described as oesophageal eosinophilia. However, eosinophils can be found in other segments of the gastrointestinal tract under normal conditions. A significant increase in the number of eosinophils from the oesophagus to the right colon can be observed (mean  $\pm$  SD/mm<sup>2</sup>: 0.07  $\pm$  0.43 for the oesophagus, 12.18  $\pm$  11.39 for the stomach, and 36.59  $\pm$  15.50 for the right colon), compared with a decrease in the left colon (8.53  $\pm$  7.83) [5]. Of note, eosinophil values in the different segments of the gastrointestinal tract were not different when Japanese were compared to Japanese Americans and Caucasians [5]. Knowledge of these normal values is important to judge if a patient has isolated EoE or oesophageal eosinophilia accompanied by an eosinophilic gastro-enteritis.

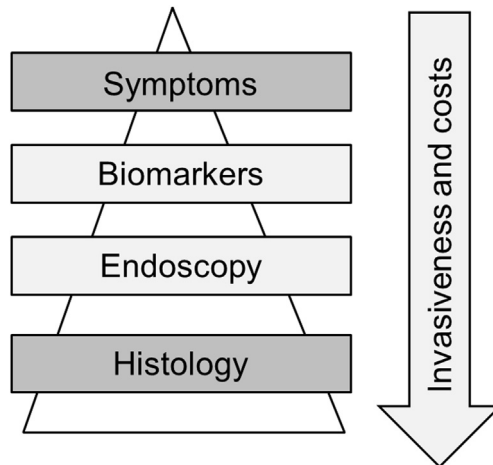


Fig. 1. The diagnosis of EoE is based on a combination of typical symptoms and marked oesophageal eosinophilia (marked in dark grey).

**Table 1**

Differential diagnosis of oesophageal eosinophilia.

Diseases associated with oesophageal eosinophilia
Eosinophilic oesophagitis
GERD
PPI-responsive oesophageal eosinophilia
Eosinophilic gastrointestinal diseases
Oesophageal infections (e.g. fungal, viral, parasitic)
Crohn's disease
Celiac disease
Achalasia
Hypereosinophilic syndrome
Pemphigus
Vasculitis
Connective tissue diseases
Drug hypersensitivity
Graft versus host disease

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