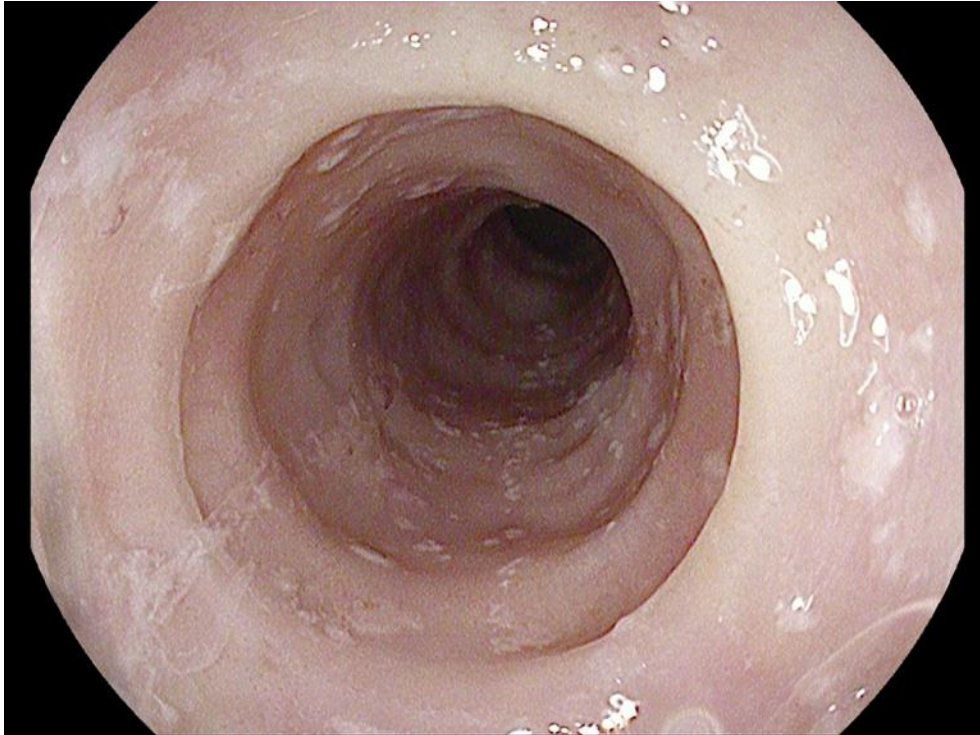


Question 38 – April 30

A 31 year old male presents with food impaction after a chicken dinner. No weight loss or prior episodes of dysphagia. He's intubated and EGD is performed urgently. Biopsies from the distal and proximal esophagus are taken and reveal ≥ 30 eosinophils per high-power field. What is the best next step in management?



- A. Discharge home with instructions to chew his food well and appropriate return precautions.
- B. Trial of twice daily proton pump inhibitor and repeat upper endoscopy in 2 months.
- C. Trial of fluticasone 880mcg/day in a divided dose.
- D. Test and treat for *H. pylori* infection.
- E. Evaluation with esophagram for other causes of dysphagia.

Answer: B

According to ACG guidelines, when there is endoscopic or biopsy suspicion for eosinophilic esophagitis (EoE), trial of twice daily PPI and repeat endoscopy with biopsies 6-8 weeks later is indicated. This is to check for true EoE vs. PPI-responsive esophageal eosinophilia (PREE).

Reference

ACG Clinical Guidelines. *Am J Gastroenterol* 2013; 108:679–692.