

Question 16 – December 14

A 28 year old male patient presents with intermittent dysphagia to solid foods. An upper endoscopy is performed and the esophagus appears corrugated with white exudates and longitudinal furrows, and esophageal biopsies in both the proximal and distal esophagus reveal > 40 eosinophils per high-power field. Gastric biopsies are unremarkable. The next best step in management is:

- A. A proton-pump inhibitor (PPI) trial
- B. Swallowed topical steroid trial such as fluticasone
- C. Dietary elimination
- D. Ambulatory pH monitoring
- E. Allergy skin and serum testing

Answer: A

A PPI trial is recommended to exclude both GERD and PPI responsive esophageal eosinophilia, followed by repeat endoscopy with biopsies. This is necessary for the diagnosis of eosinophilic esophagitis.

Reference:

ACG clinical guideline: Evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE). Dellon ES, Gonsalves N, Hirano I, Furuta GT, Liacouras CA, Katzka DA; American College of Gastroenterology. Am J Gastroenterol. 2013 May;108(5):679-92.