

Moderate-Severe Eosinophilic Oesophagitis (EoE) Treatment Pathway (EoE diagnosed at Endoscopy by biopsy from 2 biopsy sites showing greater than 15 eosinophils per hpf)

Timeline	Diagnosis	Plan
0	Confirmed EoE	<ul style="list-style-type: none"> • Patient seen in clinic and diagnosis explained and treatment options discussed * • Complete dysphagia assessment • If appropriate start topical steroid
12 weeks	<p>Re-assessment</p> <p>Confirms full response</p> <p>Partial response **</p> <p>No change in symptoms or symptoms worsen</p>	<ul style="list-style-type: none"> • Stop treatment with open follow up if symptoms return • Consider continuing topical steroid (up to 12 month total depending upon symptoms) • Consider referral to dietician to offer food exclusion diet • Telephone follow up in 3 months • Discuss treatment compliance, reiterate importance of daily use • Urgent referral to dietician to offer food exclusion diet • Consider continuing topical steroid treatment if index OGD showed severe*** fibrosis • Urgent OGD and biopsy (+/- dilatation if appropriate)

		<ul style="list-style-type: none"> • Consider barium swallow • Outpatient follow up once OGD +/- Barium Swallow complete
12 weeks +	Symptoms return after break in topical steroid treatment.	<ul style="list-style-type: none"> • Discuss severity of symptoms in clinic (if not already completed consider barium swallow or repeat OGD & biopsies) • ****Discuss option of extended course of steroid treatment • Discuss OGD + dilatation if dysphagia causing significant problems with swallowing (unable to maintain nutrition) • Re-commence initial 4–6-week course of topical steroid treatment. Contact GP detailing the plan and requesting continuation of topical steroid medication for up to 12 months treatment in total. • Request outpatient follow up/ review (to be completed prior to completion of 12 months treatment) • Ensure patient is aware of the plan and is aware of how to contact the hospital if symptoms change.
12 months if steroid treatment continued	Re-assessment	<ul style="list-style-type: none"> • Review patient before completion of 12 months of topical steroid and review symptoms/response to treatment • Discuss regular dilatation for ongoing symptom control if necessary

		<ul style="list-style-type: none"> • If no response to topical steroid treatment then request repeat OGD +/-biopsy if patient has not been re-scoped & biopsied as part of ongoing symptom treatment with dilatation.
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*vast majority of patients have received at least 1 course of PPI treatment prior to OGD for dysphagia (as per NICE guidance for reflux type symptoms). Continued use/value of PPI will depend upon symptom benefit, clinical picture and histopathology

** it is hard to quantify how many patients will respond fully in 3 months. This will depend upon the severity of the eosinophilic degradation and fibrotic damage. The index OGD will provide information on the level of mucosal damage and fibrosis, this coupled with the length of time symptoms have been present and the level of symptoms will provide an indication of severity. The more severe the EoE damage the more likely a lengthy course of topical steroids will be required to reverse the damage.

*** severe – some stricturing already present, heavy white plaques (abscesses that form when eosinophils burst in clumps atop the mucosa), crepe paper oesophagus (white, indurated sub mucosa with a friable surface mucosa that tears easily as you advance the scope) +/- admission with food bolus

**** For every year EoE goes untreated the risk of stricture formation increases by 9% (*Warners MJ et al. Am J Gastroenterology 2018; 113(6): 836-44.*)