Summary of 2018 Updated International Consensus Diagnostic Criteria for Eosinophilic Esophagitis: Proceedings of the AGREE Conference

This summary of the 2018 publication “Updated International Consensus Diagnostic Criteria for Eosinophilic Esophagitis: Proceedings of the AGREE Conference” is brought to you by the American Partnership for Eosinophilic Disorders (apfed.org).

In 2017, a multi-disciplinary working group comprised of eosinophil disease experts from 14 countries met to review medical literature and clinical experiences with an aim to develop updated international consensus criteria that clarifies the role of proton pump inhibitors (PPIs) in diagnostics and treatment of adults and children who are suspected to have eosinophilic esophagitis (EoE). The updated consensus of diagnostic criteria was published in the April 2018 journal of Gastroenterology.

Background:

- Diagnostic guidelines for EoE were published in 2007 and updated in 2011.
  - EoE defined as a clinicopathological condition that was immune or antigen driven, characterized by symptoms of esophageal dysfunction and by ≥15 eosinophils per high power field (eos/hpf).
  - EoE and gastroesophageal reflux disease (GERD) were considered mutually exclusive disorders at the time of the 2007 publication, therefore, the consensus was to use either high doses of PPI treatment or pH monitoring to rule out GERD-related inflammation.

- The 2011 published diagnostic guidelines defined a new condition termed “PPI-responsive esophageal eosinophilia (PPI-REE).” It was applied to a population of patients with "symptoms of esophageal dysfunction and > 15 eosinophils p/HPF who responded to high-dose PPI treatment” with improvement in biopsies and symptoms.

Summary of 2018 International Consensus Diagnostic Criteria for EoE

- The workgroup concluded that a substantial body of evidence documents that PPIs reduce esophageal eosinophilia in pediatric and adult patients.

- There is increasing recognition that the relationship between EoE and GERD is complex, but not mutually exclusive. Both EoE and GERD can co-exist and influence one another.

- Evidence suggests that in many cases, PPI-REE is indistinguishable from EoE, and PPIs are better classified as a treatment for esophageal eosinophilia that may be due to EoE, as opposed to a diagnostic criterion.

- An updated diagnostic algorithm for EoE was developed by the workgroup
  - Applicable to all ages
  - Emphasis on removing PPI as part of the diagnostic criteria.
  - Focus on evaluating for other conditions that might contribute to esophageal eosinophilia rather than a requirement for exclusion of these conditions.
  - Criteria operationalized in a clinically useful way and has utility in both clinical practice and research trials.

“EoE should be diagnosed when there are symptoms of esophageal dysfunction and at least 15 eosinophils per high-power field (or approximately 60 eosinophils per mm²) on esophageal biopsy and after a comprehensive assessment of non-EoE disorders that could cause or potentially contribute to esophageal eosinophilia. The evidence suggests that PPIs are better classified as a treatment for esophageal eosinophilia that may be due to EoE than as a diagnostic criterion, and we have developed updated consensus criteria for EoE that reflect this change.”

Diagnostic Algorithm for Eosinophilic Esophagitis: Pediatrics, Adolescents and Adults

Clinical presentation suggests EoE
- History of atopic conditions and symptoms of esophageal dysfunction should increase suspicion for EoE

Upper endoscopy with biopsy
- Evaluate for endoscopic signs of EoE such as esophageal rings, longitudinal furrows, exudates, edema, strictures, narrowing, crepe-paper mucosa (ideally assessed using the EoE Endoscopic Reference Score), and for alternative esophageal disorders.
- Biopsy specimens should be obtained per prior guidelines: multiple biopsies from two or more esophageal levels, targeting areas of apparent inflammation.

Esophageal eosinophilia
- ≥ 15 eos/hpf (~60 eos/mm²)
- Eosinophilic infiltration should be isolated to the esophagus
- Evaluate for non-EoE disorders that cause or potentially contribute to esophageal eosinophilia

Eosinophilic esophagitis
- Conceptual Definition: a chronic, immune/antigen-mediated esophageal disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation, defined as ≥15 eos/hpf (~60 eos/mm²) in the vast majority of cases.


This summary was prepared Sept. 2018 by the American Partnership for Eosinophilic Disorders (APFED).