The EoE Care Pathway

Management Algorithm for Eosinophilic Esophagitis (EoE)

1. Initial Evaluation (Week 0)

HISTORY

Dysphagia, food impaction, dietary adaptation, weight loss, atopic history, etc.

DIAGNOSTICS

- EGD with >6 biopsies from >2 sites (proximal, middle, & distal esophagus)
- Document EREFS (> 15 eos/hpf)
- Exclude mimickers: GERD, infections, Crohn's, celiac
- Baseline labs: CBC, CMP if systemic therapy is anticipated

2. Induction Therapy (Weeks 0-12)

PPI THERAPY

Omeprazole, or other PPI
Swallow, avoid eating or drinking for 30 minutes

DIETARY THERAPY

(consider dietitian involvement)

Elimination diet
1- or 2- food groups;
escalate to 4- 6-FED if needed
Option for mild disease or GERD overlap. *Do not prescribe PPI if multiple IgE mediated allergies.

SWALLOWED TOPICAL CORTICOSTEROID

Budesonide or Fluticasone;
Swallow, avoid eating or drinking for 30 minutes

BIOLOGIC THERAPY

Dupilumab
Steroid/diet-refractory symptoms, or another atopic condition indication for dupilumab

3. Response Assessment (Week 12-24)

COMPLETE RESPONSE

Continue current regimen

PARTIAL RESPONSE

Optimize dose/technique. Verify adherence, or switch to alternate therapy then reassess 8-12 weeks

NO RESPONSE

Verify adherence, optimize dose/technique, re-evaluate diagnosis, consider combination therapy

4. Maintenance Phase (After Initial Treatment Period)

MONITORING
Monitor symptoms and adaptive behaviors. Continue effective therapy indefinitely.

ENDOSCOPIC SURVEILLANCE
6-12 months post-induction, then every 12-36 months if stable, sooner if symptoms return.

NUTRITION
Monitor weight, micronutrient status, especially for elimination diets.

ALLERGY/IMMUNOLOGY
Manage atopy, note IgE not predictive of food triggers.

EMOTIONAL HEALTH
As therapy dictates.

5. Stricture Management

Persistent dysphagia or narrow esophageal lumen.

INTERVENTION
Gradual esophageal dilation (target > 15-18 mm).

Continue therapy post-dilation to prevent recurrence.

KEY PRINCIPLES: Inflammatory activity and tissue remodeling should be addressed concurrently. Shared decision-making supports adherence to treatment. EoE is a chronic, progressive condition; discontinuation of any therapy almost always results in relapse.

Learn more at eoeday.org