

Histological Findings

Mucosal eosinophilia
Eosinophil microabscess formation
Superficial layering of eosinophils
Extracellular eosinophil granules
Epithelial desquamation
Basal zone hyperplasia
Rete peg elongation
Dilated intercellular spaces
Subepithelial fibrosis/sclerosis—lamina propria
fibrosis
Mastocytosis and mast cell degranulation

Proton pump inhibitor responsive oesophageal eosinophilia: an entity challenging current diagnostic criteria for eosinophilic oesophagitis.

Molina-Infante J, Bredenoord AJ, Cheng E, Dellon ES, Furuta GT, Gupta SK, Hirano I, Katzka DA, Moawad FJ, Rothenberg ME, Schoepfer A, Spechler SJ, Wen T, **Straumann A**, Lucendo AJ; PPI-REE Task Force of the European Society of Eosinophilic Oesophagitis (EUREOS).

Gut. 2016 Mar;65(3):524-31. doi: 10.1136/gutjnl-2015-310991. Epub 2015 Dec 18.

PPI-REE refers to patients with clinical and histological features of EoE that remit with PPI

Evidence shows that patients with PPI-REE and patients with EoE at baseline are clinically, endoscopically and histologically indistinguishable

They have a significant overlap in terms of features of Th2 immune-mediated inflammation and gene expression

PPI therapy restores oesophageal mucosal integrity, reduces Th2 inflammation and reverses the abnormal gene expression signature in patients with PPI-REE, similar to the effects of topical steroids in patients with EoE

It seems counterintuitive to differentiate PPI-REE from EoE based on a differential response to PPI therapy when their phenotypic, molecular, mechanistic and therapeutic features cannot be reliably distinguished.

Is there a role for dual/ triple therapy?

Proton pump inhibitor–responsive esophageal eosinophilia does not preclude food-responsive eosinophilic esophagitis

5 adults with EoE who had histological improvement on PPI therapy

All 5 had , at different time points, response to dietary therapy

Practically the appropriate dose, duration and durability of PPI therapy has not been defined

Elimination diet effectively treats eosinophilic esophagitis in adults; food reintroduction identifies causative factors.

[Gonsalves N¹](#), [Yang GY](#), [Doerfler B](#), [Ritz S](#), [Ditto AM](#), [Hirano I](#).

1. 50 patients with EoE entered into SFED
2. 32 patients had histological remission
3. 20 has systematic reintroduction of foods with serial endoscopy
4. 60% responded to wheat avoidance
5. 50% responded to dairy avoidance

[Gastroenterology](#). 2012 Jun;142(7)

TOPICAL STEROID THERAPY

Fluticasone

Flovent MDI published dosing ranges

Flovent Disc 250 mcg bid

Budenoside

Adult generally 0.5 mg 2 vials bid

4-5 packets of sweetener per vial, no water, “slurry”, alternates are any substance that forms a thickened product: applesauce, syrup

NO EATING OR DRINKING FOR 30 MINUTES