

# Recognising eosinophilic oesophagitis as a cause of food bolus obstruction

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## Background/objectives

Eosinophilic oesophagitis (EoE) is increasingly recognised as the most common underlying aetiology of patients presenting with food bolus obstruction (FBO); endoscopy with oesophageal biopsies is the only reliable diagnostic test for EoE.

The aim of this study was to compare the management of patients presenting with FBO with international clinical guidelines.\*

## Study design

A retrospective analysis of the electronic discharge documents of patients presenting with acute food bolus obstruction was performed



Single UK centre

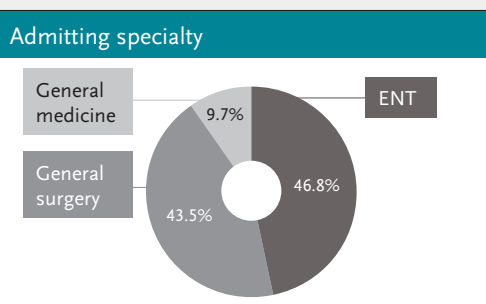


January 2008 to August 2014



ICD 10 code T18.1: 'foreign body in oesophagus'

| Baseline characteristics |            |
|--------------------------|------------|
| Acute episodes           | n=310      |
| Patients                 | n=211      |
| Male                     | 68.1%      |
| – mean age               | 55.3 years |
| Female                   | 31.9%      |
| – mean age               | 66.8 years |



\*Since the publication of this paper, the BSG has published guidelines on the management of EOE/FBOs (Dhar A *et al.* Gut 2022; 71(8): 1459-87). The international guidelines referred to by Ntuli *et al.* are aligned with those of the BSG.

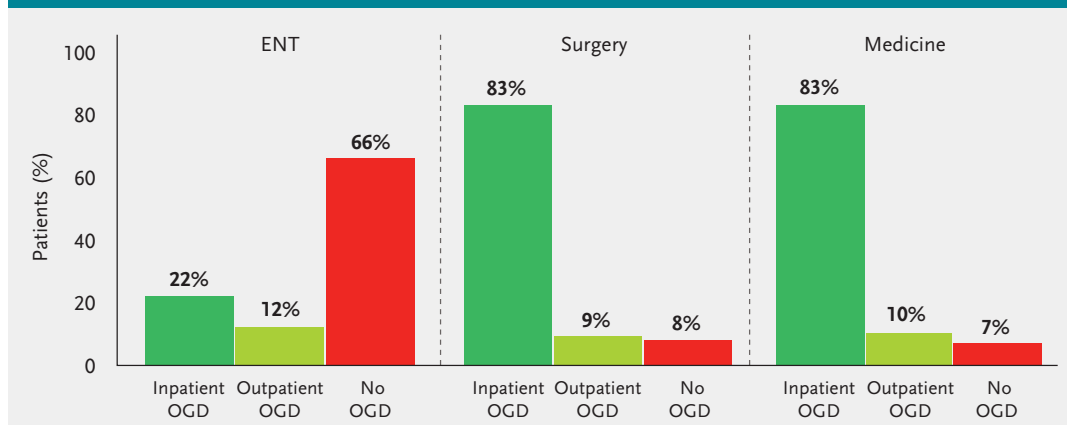
Over the course of the study, 24 patients presented twice, and 5 presented three times.

## Interventions

**GUIDELINE:** The only reliable diagnostic test for EoE is endoscopic evaluation of the oesophagus with oesophagogastroduodenoscopy (OGD) and oesophageal biopsies

OGDs were performed in 65% of episodes. Patients admitted under ENT were significantly less likely to have an OGD ( $p < 0.01$ ).

Acute FBO patients undergoing OGD by specialty



In the ENT cohort, 37% of patients received an inpatient rigid oesophagoscopy and 10% a flexible laryngoscopy with/without an OGD.



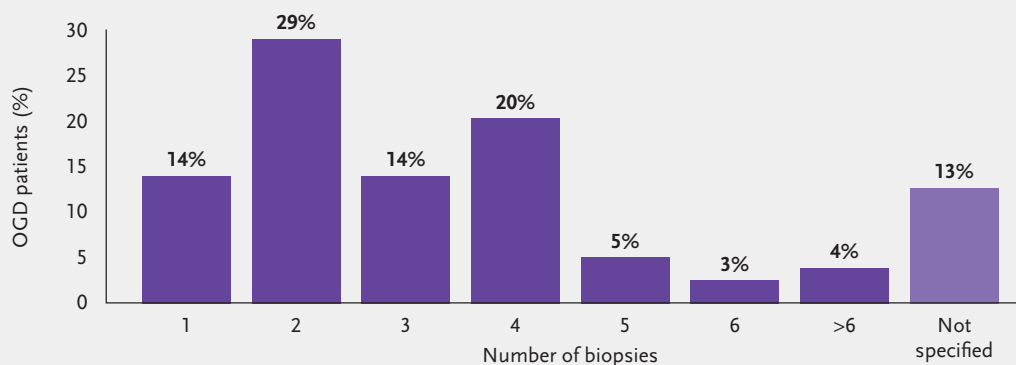
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## GUIDELINE: A minimum of six oesophageal biopsies should be taken from the upper and lower oesophagus

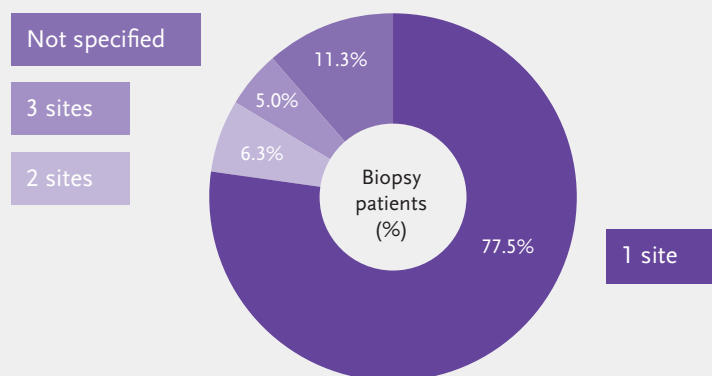
Oesophageal biopsies were taken in 40% of episodes.

### Number of biopsies taken during flexible OGD



As few as 1 in 15 of patients who had biopsies had  $\geq 6$  tissue samples taken.

### Number of sites biopsies were taken from



For over three-quarters of patients who had biopsies, samples were only taken from one site.

## GUIDELINE: An eosinophil count $\geq 15$ eosinophils per high-power field is diagnostic of EoE

Of the 80 episodes in which oesophageal biopsies were taken, 21 novel diagnoses of EoE were made (26% biopsy proven rate).

Five of the novel diagnoses had a formal eosinophil count included in the histopathology report, while eight had up to three previous OGDs where EoE was not diagnosed.

## Conclusion

*“Too many opportunities to diagnose EoE are missed with a delay in the commencement of effective treatment”*

There is a wide variation in the management of FBO depending on the admitting specialty, with those managed by ENT seemingly least likely to conform to international guidelines.

ESGE guidelines advise FBO patients be referred for a therapeutic OGD and diagnostic biopsies.

An FBO protocol involving flexible OGD,  $\geq 6$  biopsies from the upper and lower oesophagus, and standardisation of oesophageal biopsy reports with a formal eosinophil count is advocated.

**BSG**  
British Society of Gastroenterology  
**ENT**  
ear, nose and throat  
**EoE**  
eosinophilic oesophagitis  
**ESGE**  
European Society of Gastro-intestinal Endoscopy  
**FBO**  
food bolus obstruction  
**ICD**  
international classification of diseases  
**OGD**  
oesophagogastrroduodenoscopy

If you would like more information about EoE, please email your interest to [eoE@drfalkpharma.co.uk](mailto:eoE@drfalkpharma.co.uk) or visit [eosnetwork.org](http://eosnetwork.org)

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