

“In dysphagia, biopsy the oesophagus even if it looks normal”¹

With each additional year eosinophilic oesophagitis (EoE) goes undiagnosed, the risk of stricture presence increases by 9%²

In up to 10% of adults and up to a third of paediatric cases of EoE, the oesophagus will look normal³

Because inflammatory changes are often patchy and may not be present in all biopsies, it is recommended that at least 6 biopsies should be obtained from the lower, mid and upper third of the oesophagus^{1,3}

Biopsies should be targeted to areas of endoscopic abnormality, mainly white exudates and longitudinal furrows, which are associated with higher peak eosinophil counts^{1,3}

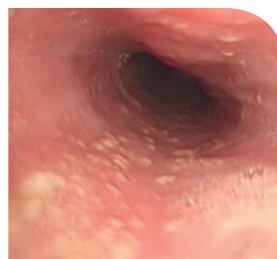
Oesophageal features of EoE include:^{1,3-5}

Fixed rings



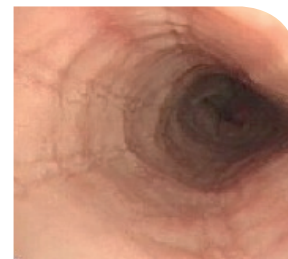
Also referred to as concentric rings, corrugated oesophagus, corrugated rings, ringed oesophagus, trachealisation

Exudates



Distinct white spots or plaques, these micro-abscesses occur when eosinophils burst in clumps from the mucosa

Furrows



Also referred to as vertical lines, longitudinal furrows, tram track lesions

Oedema



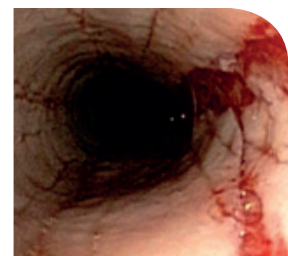
Seen as decreased vascular markings, mucosal pallor

Stricture



An abnormal narrowing

Crepe paper oesophagus



Mucosal fragility/tearing upon passage of the endoscope

References

1. Attwood S. Clin Med 2013; 13(6): s32-s35.
2. Warners MJ *et al.* Am J Gastroenterol 2018; 113(6): 836-44.
3. Lucendo AJ *et al.* United Eur Gastroenterol J 2017; 5(3): 335-58.
4. Hirano I *et al.* Gut 2013; 62: 489-95.
5. Lucendo AJ *et al.* Expert Rev Gastroenterol Hepatol 2017; 11(12): 1135-49.

Photos: Dr Ikuo Hirano

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