Pearls for EOE

Current recommendations on how to drugs/pts with EOE Taken from UpToDate 11/10/2025

1. PPI—Initial trial of 8 weeks. Start with once daily and if symptoms don't improve by 4 week go to BID dosing. Perform Endoscopy at 8 weeks to assess response=Less than 15 EOS per HPF
2. Budesonide—2 mg BID for 12weeks. Take slowly over 5-10 min and don't eat or drink for 30 min. Perform Endoscopy in 8-12 weeks to assess therapy. If response consider maintenance.
3. Fluticasone MDI without a spacer. Pray into mouth and swallow. Do not eat or drink for 30 min. 220 mcg 2 sprays in AM and 2 in PM. Assess response symptomatically at 4 weeks and endoscopically 8-12 weeks

Diet Therapy

4. 6-FED: Milk, Eggs, Soy, Wheat, Peanuts/Tree Nuts, Fish/Shellfish
5. 4-FED: Milk, Eggs, Soy +/-Legumes, Wheat
6. 1 FED: Milk

**After 8-12 weeks, repeat EGD to see if they are responding, if not remove more foods or go to pharmacologic therapy.
**Reintroduce one food group at a time, If symptoms return, take it out of the diet, if no symptoms, scope 8-12 weeks to assess response.

**Food testing checks for IgE and is useful for asthma and acute allergic reactions when foods are reintroduced. How well it predicts triggers for EOE is debated.

**Maintenance therapy should be considered for all patients, particularly in those with severe dysphagia, or food impaction, high-grade stricture or rapid onset of symptoms after treatment removed.

LACK OF SYMPTOMS DOES NOT RELIABLY PREDICT ABSENCE OF DISEASE ACTIVITY.

7. Dupilumab--IL-r receptor antagonist that blocks IL-4/Il-13 Blocks Th2 response involved in asthma, atopic dermatitis and EOE. Given once weekly, labs not routinely needed, however package labeling recommends it. PTs should be evaluated endoscopically/symptoms every 12-24 months
8. Budesonide--reduce dose by 50% and do not go lower than 0.5-2.0 mg per day
9. Fluticasone--Reduce by 50%

PROBIOTICS

AGA Guidelines (Gastroenterology 2020; 159: 697-705)

1. C. Diff: recommended only in setting of a clinical trial
2. Antibiotics: to prevent C. Diff, it can be considered. However most patients would reasonable avoid probiotic If pt has underlying issues where they could become septic or if pt want to avoid the high cost /low value probiotics give.

   S boulardii;
   L acidophilus and L Casei
   L acidophilus, LL delbrueckii, B bifidum
   L acidophilus, L delbrueckii, B bifidum, and S salivarius.
3. Crohn's: Only in clinical trial
4. UC: Clinical Trial
5. Pouchitis: 8 strains has some limited data.
6. IBS: Use in clinical trials
7. Children with infectious gastroenteritis—Suggest not using
8. **Preterm infance less than 37 weeks, or LBW: Lactobacillus and Bifidobacterium.**

MODERATE TO SEVERE CROHN'S AND UC TREATMENT

UptoDate 11/2025

Crohn's

Fistulizing Disease—start with anti-TNF and Azathioprine

Non-Fisulizing Disease

--Anti-Interlerleukin monotherapy (Risankizumab, ustekinumab, mirikizumab,guselkumab)

--Vedolizumab

--Anti-TNF (Infliximab, adalimumab and certizimab)

UC

--Anti TNF (Infliximab adalimumab, golimumab) with or without and immunomodulator

--Anti-Integren therapy (Vedolizumab)

--Anti IL (Ustekinumab, mirikizumab, Risankizumab, guselkumab)

--Shingosine-1-Phospate (Ozanimod, estrasimod.)