



Patterns of Follow-Up Among Children and Adults with Eosinophilic Esophagitis

Susan Schuval,¹ Deborah Boktor,¹ Alexandra Guillaume,² and Michelle Tobin¹

(1) Department of Pediatrics at Stony Brook Children's Hospital, Stony Brook, NY (2) Department of Medicine, Stony Brook, NY



Introduction

Eosinophilic Esophagitis (EoE) is a chronic disorder of children and adults in which eosinophils infiltrate into the mucosa and submucosa of the esophagus causing inflammation, and subsequent fibrostenosis. Complications may include esophageal strictures, food impactions, and perforation. EoE requires close monitoring over time with periodic assessment of medication and dietary adherence. We retrospectively studied patterns of follow-up among adult and pediatric EoE patients at a tertiary care center.

Primary Objective

To identify patterns of follow-up among children and adults with EoE.

Methods

Patients with EoE were identified via ICD-9 or ICD-10 codes in the electronic medical record. EMR charts were retrospectively reviewed to ascertain dates of clinic appointments, treatments, and to determine whether clinical and/or histologic resolution (defined as < 5 eos/hpf) had occurred. Patients not seen for > 1 year were classified as "lost to follow-up."

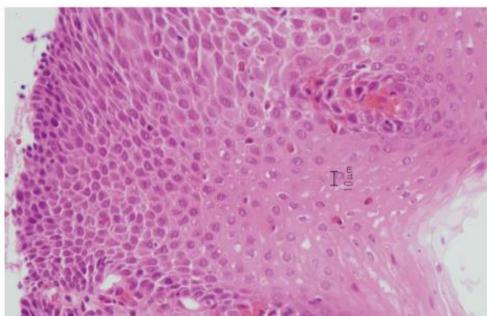
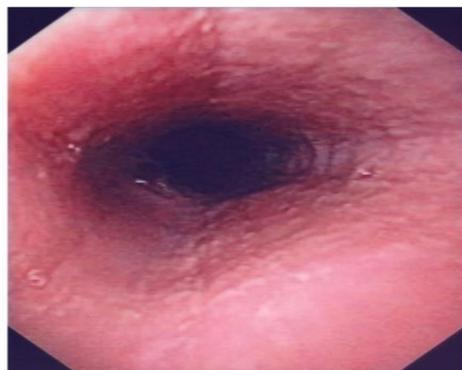


Table 1-Study Results

Age at EoE diagnosis (yrs): 20 (IQR 8.8-39.5)

Age categories:

< 21 yrs: 21 (52.5%)

> 21 yrs: 19 (47.5%)

Sex:

Male, N (%): 28 (70%)

Female, N (%): 12 (30%)

Race/Ethnicity:

White: 38 (95%)

Black: 2 (5%)

Mean duration of follow-up (mo): 29
(IQR 10-55)

Mean # of esophagogastroduodenoscopies: 3

Treatment: Diet 18/40 (45%)
PPI 38/40 (95%)
Topical corticosteroids 25/40 (62.5%)
All of the above: 3/40 (7.5%)

Complications: Food impactions: 6/40 (15%)
Strictures: 5/40 (12.5%)
Barrett's Esophagus: 1/40 (2.5%)

Pts remaining in care: 17 (42.5%)

Pts lost to follow-up: 23 (57.5%):
9/23 (39%) were < 21y
14/23 (61%) were > 21y

Clinical resolution: 9 (22.5%)

Histologic resolution: 11 (27.5%)

Results

We identified 40 patients with EoE diagnosed at a median age of 20 years (IQR 8.8-39.5 yrs).

Mean duration of follow-up was 29 months (IQR 10-55 months).

Treatment included: Diet (45%), PPI (95%), or topical corticosteroids (62.5%). One-third of pts received all 3 treatment modalities.

As of 2019: 42.5% of patients remained in care while 57.5% were lost to follow-up.

Complications included food impactions (15%), strictures (12.5%) and Barrett's esophagus (2.5%).

Of the 34 patients with >1 biopsy performed, histologic remission occurred in 32%. Clinical remission was observed in 22.5% of patients.

Conclusions

More than half of patients with EoE are lost to care.

All patients with EoE should be closely monitored by physicians to ensure compliance with therapy and clinic visits to prevent long-term complications such as food impactions and esophageal strictures.

Health care providers should seek to improve methods of keeping EoE patients engaged in care.

References

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