

Eosinophilic Esophagitis (EoE) (EGD-1.17)

Upper endoscopy allows direct visualization of the esophagus, providing an opportunity to identify characteristic endoscopic features of EoE such as edema, furrows, rings, exudates, and strictures. Biopsy specimens obtained during EGD allow for histological assessment, confirming the presence of eosinophil-predominant inflammation, a hallmark of EoE. EGD also enables monitoring of treatment response over time by assessing changes in endoscopic features and histological findings. This can guide treatment decisions, including the initiation of pharmacological or dietary therapy, and the need for endoscopic interventions such as dilation of strictures.

The risks of using EGD in the evaluation of EoE include EGD risks in general, namely that it is an invasive procedure that requires sedation or anesthesia, posing inherent risks associated with anesthesia administration, including respiratory depression and allergic reactions. There is also the risk of complications such as perforation, bleeding, and aspiration. EGD is resource-intensive, requiring specialized equipment, trained personnel, and facility infrastructure, which may limit accessibility and increase healthcare costs.

While upper endoscopy plays a crucial role in the diagnosis and management of EoE, its use should be balanced against the potential risks and benefits. Close monitoring of patient safety, appropriate patient selection, and adherence to established guidelines are essential to ensure optimal outcomes in this patient population. When used appropriately, it can help guide diagnosis, treatment and management of EoE.

References

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