

# Live Esofagite Eosinofílica

Caros,

Segue abaixo os slides com as principais mensagens passadas durante nossa live de esofagite eosinofílica. Se você perdeu a live ou se quiser rever alguns trechos clique nesse link: [LIVE ESOFAGITE EOSINOFÍLICA](#)

Bons estudos!

Diagnóstico – 3 requisitos

```
graph TD; A[Sintomas sugestivos] --> B[≥ 15 eos/CGA]; B --> C[Exclusão de outras causas de eosinofilia esofágica];
```

The diagram illustrates the three requirements for the diagnosis of Eosinophilic Esophagitis (EoE). It consists of three stacked boxes connected by downward arrows. The top box is orange and contains 'Sintomas sugestivos'. A small grey box labeled 'EDA' is positioned to the right of this box, with an arrow pointing down to the second box. The second box is reddish-brown and contains '≥ 15 eos/CGA'. The bottom box is grey and contains 'Exclusão de outras causas de eosinofilia esofágica'. To the right of the flowchart is the 'GASTRO LIVE' logo, which includes a play button icon and the text 'GASTRO LIVE' in a stylized font. Below the logo, the text 'Esofagite eosinofílica' is written.

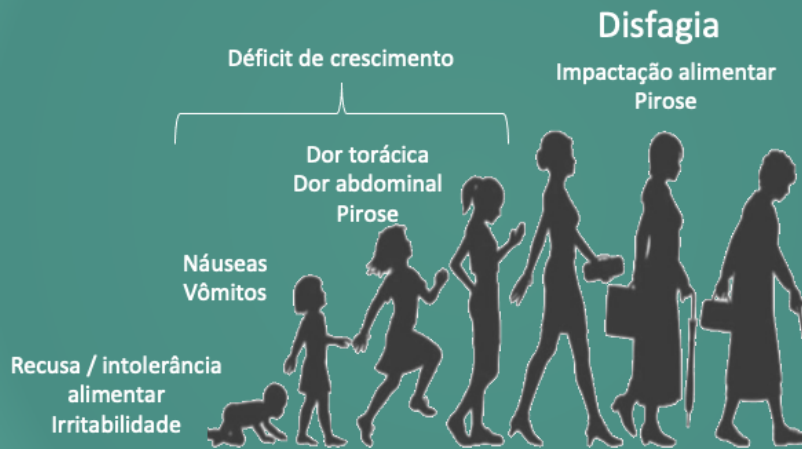
**GASTRO LIVE**  
Esofagite eosinofílica

Dhar A et al. Gut. 2022;71(8):1459-87.  
Hirano I et al. Gastroenterology. 2020;158(6):1776-86.

**GASTROPEDIA**  
APRENDIZADO DESCOMPLICADO

# Quando pensar?

Homem (3:1) jovem  
História de asma / atopia

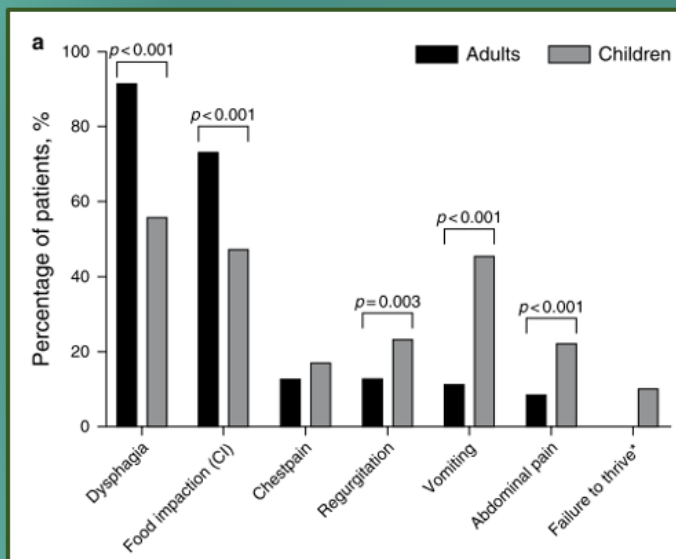


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Muir A, Falk G. JAMA. 2021;326(13):1310-8.



# Sintomas

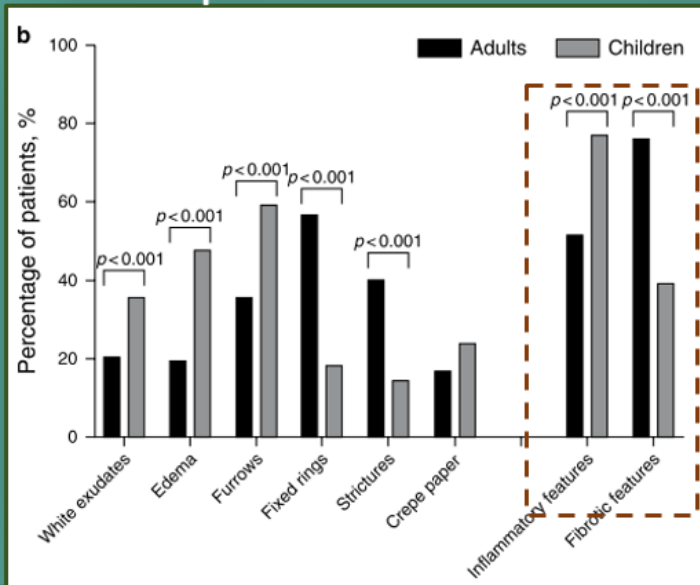


Esofagite eosinofílica

Warners MJ et al. Am J Gastroenterol. 2018;113(6):836-844.

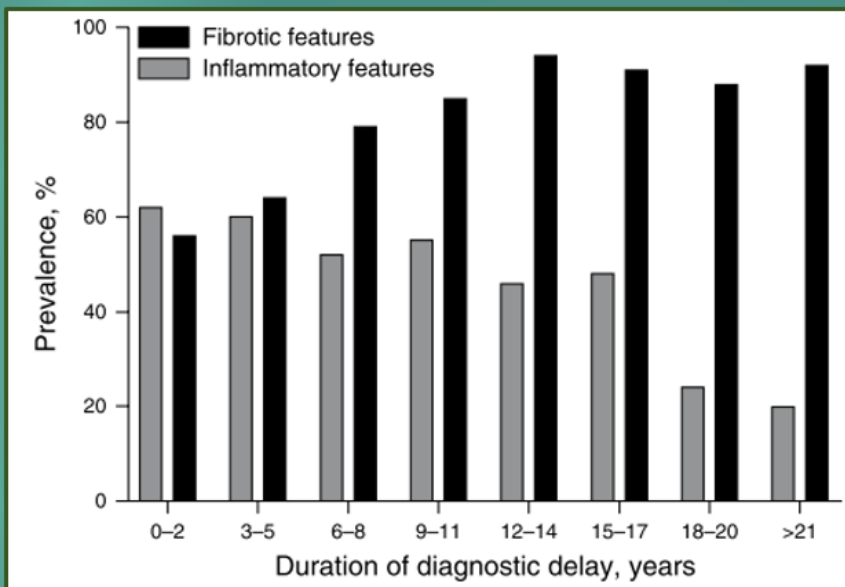


# Achados Endoscópicos



Esofagite eosinofílica

Warners MJ et al. Am J Gastroenterol. 2018;113(6):836-844.



Cada año sem tratamento, o risco de estenose aumenta em 9%



Esofagite eosinofílica

Warners MJ et al. Am J Gastroenterol. 2018;113(6):836-844.



ORIGINAL ARTICLE

## Endoscopic assessment of the oesophageal features of eosinophilic oesophagitis: validation of a novel classification and grading system

Ikuro Hirano,<sup>1</sup> Nelson Moy,<sup>1</sup> Michael G Heckman,<sup>2</sup> Colleen S Thomas,<sup>2</sup> Nirmala Gonsalves,<sup>1</sup> Sami R Achem<sup>3</sup>

# EREFS

*EoE Endoscopic Reference Score*

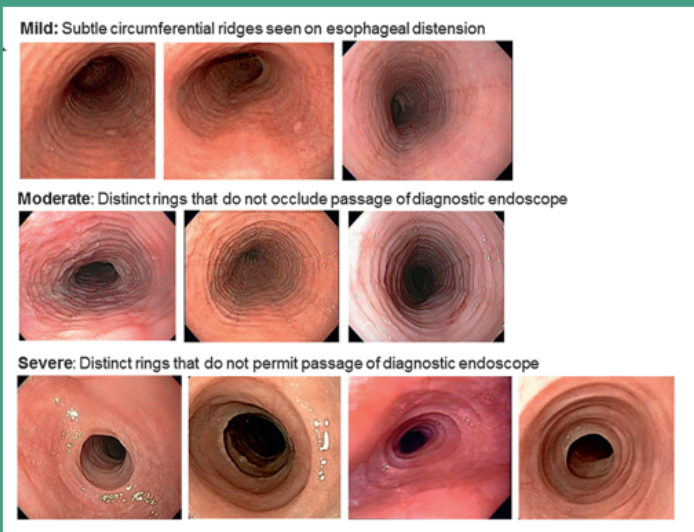


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Hirano I et al. Gut 2013;62:489–495



## Anéis (traqueização)



Esofagite Eosinofílica

Hirano I et al. Gut 2013;62:489–495

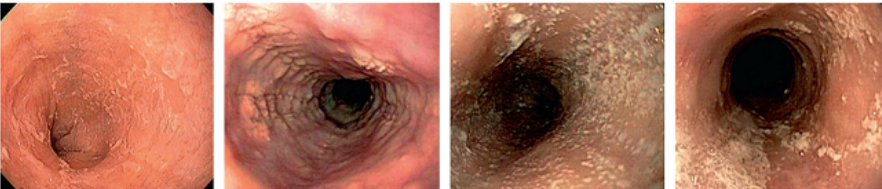


# Exsudato

**Mild:** White lesions occupying < 10% of the esophageal surface area



**Severe:** White lesions involving  $\geq$  10% of surface area of esophagus



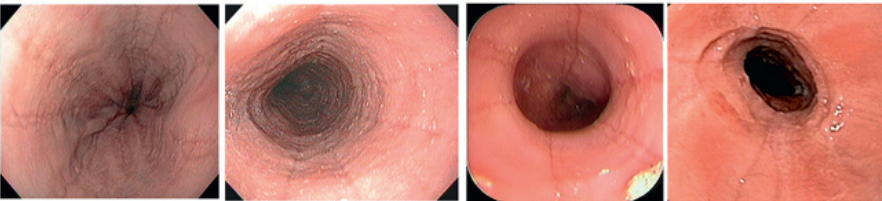
**Esofagite Eosinofílica**

Hirano I et al. Gut 2013;62:489–495

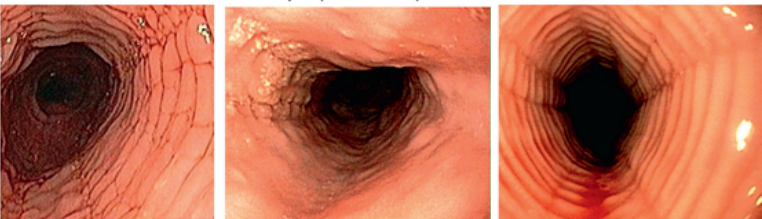


# Fissuras

**Mild:** Vertical lines without visible depth



**Severe:** Vertical lines with clear depth (indentation) into the mucosa

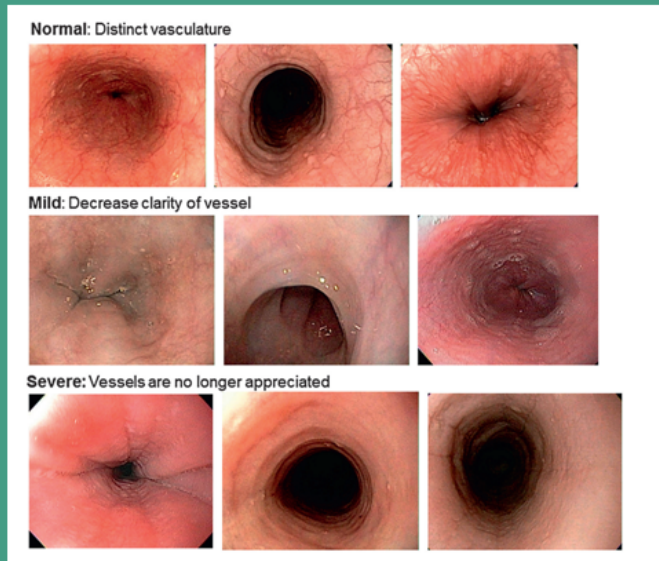


**Esofagite Eosinofílica**

Hirano I et al. Gut 2013;62:489–495



# Edema

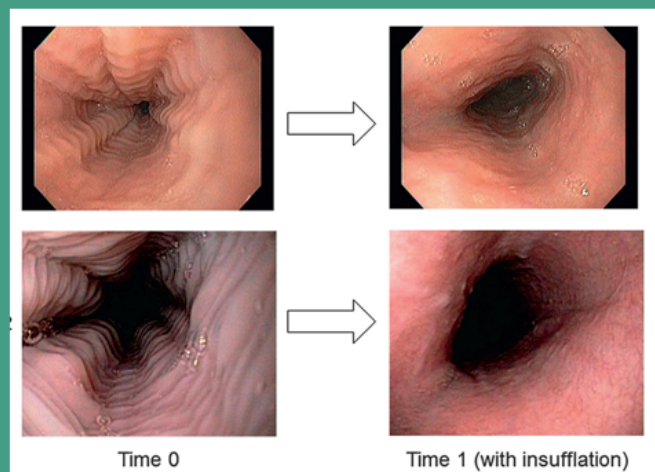


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Hirano I et al. Gut 2013;62:489-495



# Anéis transitórios

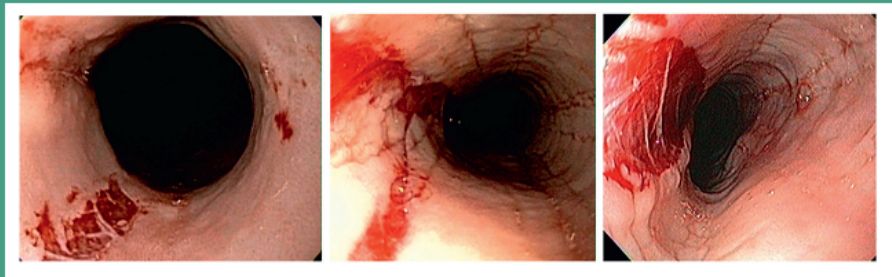


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# Fragilidade da mucosa (esôf em papel crepom)



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Hirano I et al. Gut 2013;62:489–495



## MEETING SUMMARIES

### A Clinical Severity Index for Eosinophilic Esophagitis: Development, Consensus, and Future Directions

Evan S. Dellon,<sup>1</sup> Paneez Khoury,<sup>2</sup> Amanda B. Muir,<sup>3,4</sup> Chris A. Liacouras,<sup>3,4,5</sup> Ekaterina Safroneeva,<sup>6</sup> Dan Atkins,<sup>7,8</sup> Margaret H. Collins,<sup>9,10</sup> Nirmala Gonsalves,<sup>11</sup> Gary W. Falk,<sup>4,12</sup> Jonathan M. Spergel,<sup>4,13</sup> Ikuo Hirano,<sup>11</sup> Mirna Chehade,<sup>14</sup> Alain M. Schoepfer,<sup>15</sup> Calies Menard-Katcher,<sup>16,17</sup> David A. Katzka,<sup>18</sup> Peter A. Bonis,<sup>19</sup> Albert J. Bredenoord,<sup>20</sup> Bob Geng,<sup>21,22</sup> Elizabeth T. Jensen,<sup>23</sup> Robert D. Peseck,<sup>24,25</sup> Paul Feuerstadt,<sup>26,27</sup> Sandeep K. Gupta,<sup>28,29,30</sup> Alfredo J. Lucendo,<sup>31,32,33</sup> Robert M. Genta,<sup>34</sup> Girish Hiremath,<sup>35</sup> Emily C. McGowan,<sup>36</sup> Fouad J. Moawad,<sup>37</sup> Kathryn A. Peterson,<sup>38</sup> Marc E. Rothenberg,<sup>39,40</sup> Alex Straumann,<sup>41</sup> Glenn T. Furuta,<sup>17,42,8</sup> and Seema S. Aceves<sup>22,43,8</sup>

<sup>1</sup>Center for Esophageal Diseases and Swallowing, Division of Gastroenterology and Hepatology, University of North Carolina School of Medicine, Chapel Hill, North Carolina; <sup>2</sup>Human Eosinophil Section, Laboratory of Parasitic Diseases, National Institute of Allergy and Infectious Diseases, Bethesda, Maryland; <sup>3</sup>Division of Gastroenterology, Hepatology, and Nutrition, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; <sup>4</sup>The Children's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; <sup>5</sup>Center for Pediatric Eosinophilic Disorders, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; <sup>6</sup>Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland; <sup>7</sup>Gastrointestinal Eosinophilic Diseases Program, University of Colorado School of Medicine, Aurora, Colorado; <sup>8</sup>Children's Hospital Colorado, Aurora, Colorado; <sup>9</sup>Department of Pathology and Laboratory Medicine, University of Cincinnati College of



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I-SEE

Dellon ES et al. Gastroenterology 2022;163:59–76



	1 ponto	2 pontos	4 pontos	15 pontos
<b>Sintomas e complicações</b>				
Sintomas	Semanais	Diários	Várias vezes ao dia	
Complicações		Impactação alimentar pct. > 18 anos	Impactação alimentar pct. < 18 anos	<ul style="list-style-type: none"> <li>• Perfuração</li> <li>• Dificuldade de crescimento</li> <li>• necessidade formula elementar ou corticoide sist ou imunomodulador</li> </ul>
<b>Características inflamatórias</b>				
Endoscopia (edema, fissuras, exsudato)	Localizado	Difuso		
Histologia	15-60 eos/cga	>60 eos/cga		
<b>Características fibroestenóticas</b>				
Endoscopia (anéis, estenoses)	Presente, mas endoscópio passa sem resistência	Presente, mas endoscópio passa com resistência ou precisa dilatação		Não passa endoscópio Dilatações repetidas (>18a) Qualquer dilatação (<18a)
Histologia		Hiperplasia zona basal ou fibrose da LP		
<b>Total:</b> <1 inativa; 1-6 atividade leve; 7-14 atividade moderada; ≥15 Atividade severa				

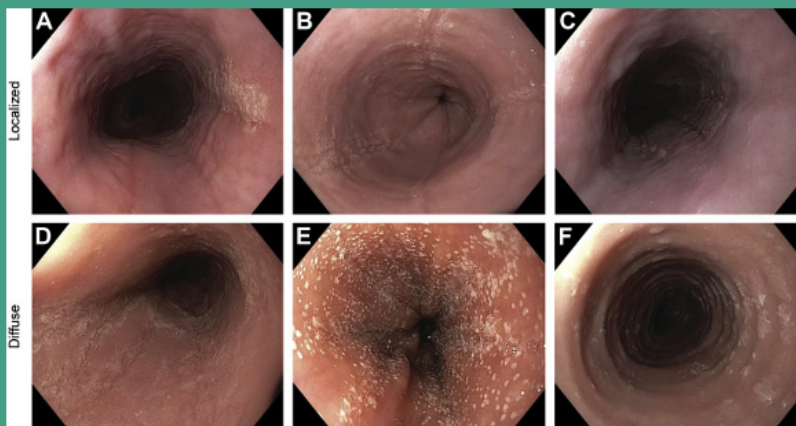


**Esofagite Eosinofílica**

Dellon ES et al. Gastroenterology 2022;163:59–76



## Localizada vs Difusa



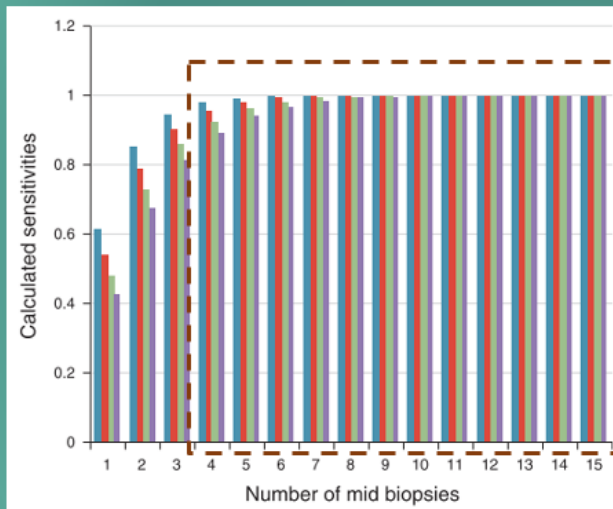
**Esofagite Eosinofílica**

Dellon ES et al. Gastroenterology 2022;163:59–76





# Sensibilidade diagnóstico vs N biópsias



Nielsen JA et al. *Am J Gastroenterol.* 2014; 109(4):515-520.



# Diagnóstico - Excluir causas de eosinofilia esofágica

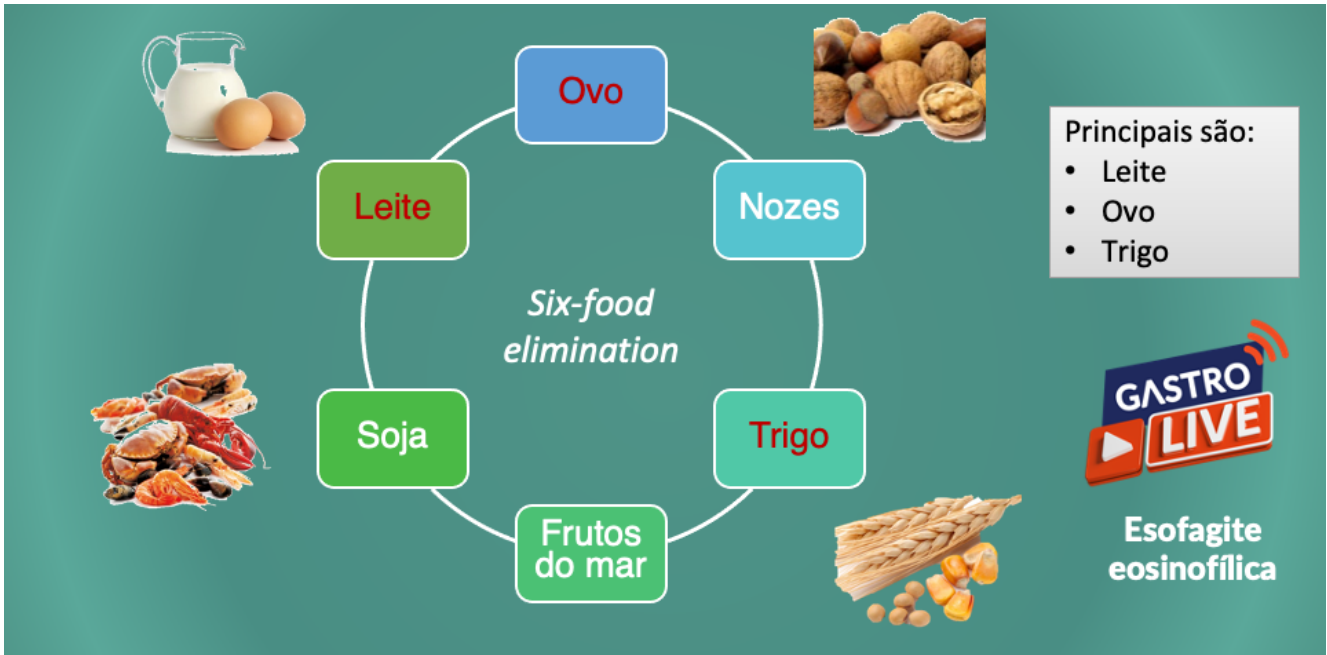
DIAGNÓSTICOS DIFERENCIAIS
Gastroenterite eosinofílica
Hipersensibilidade a drogas
Doença de Crohn
Infecções (ex: parasitas)
Síndrome hipereosinofílica
Vasculites
Doenças do tecido conjuntivo
Pênfigo
Enxerto x hospedeiro
Acalásia



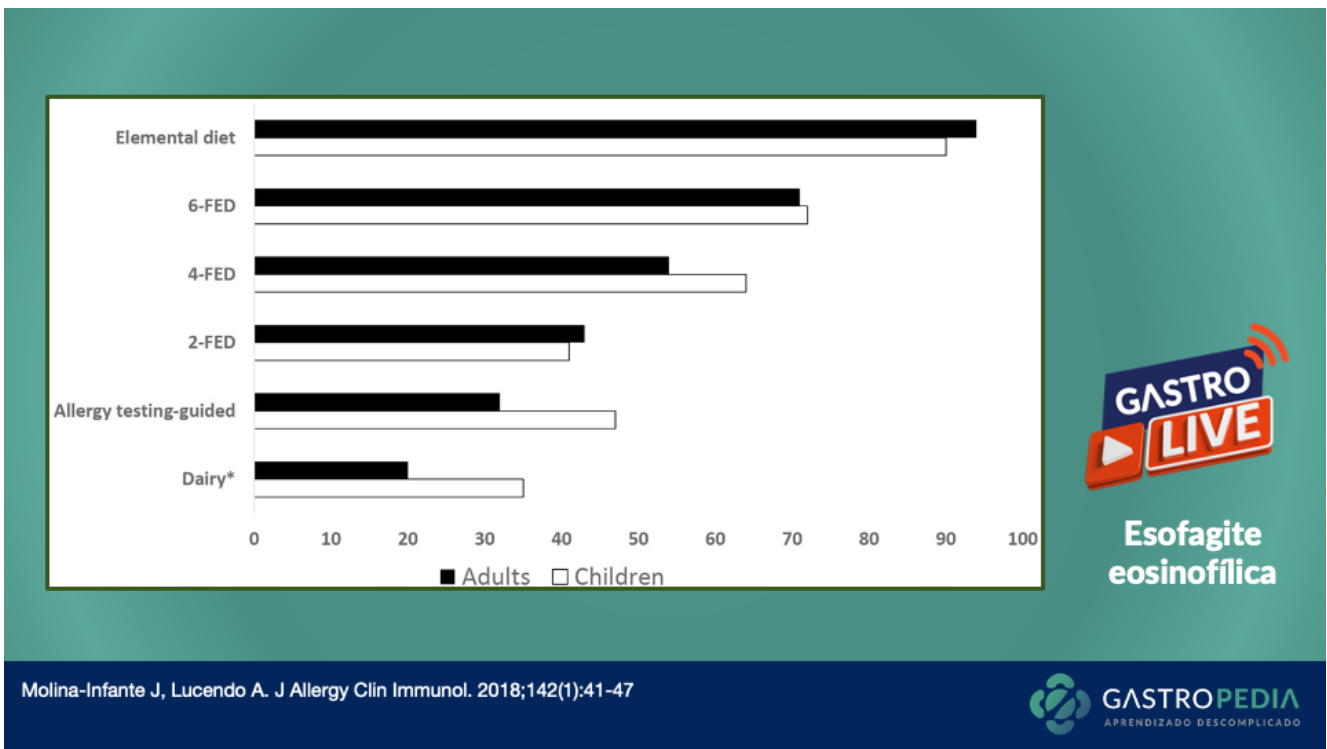
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Hirano I et al. Gastroenterology. 2020;158(6):1776-86..

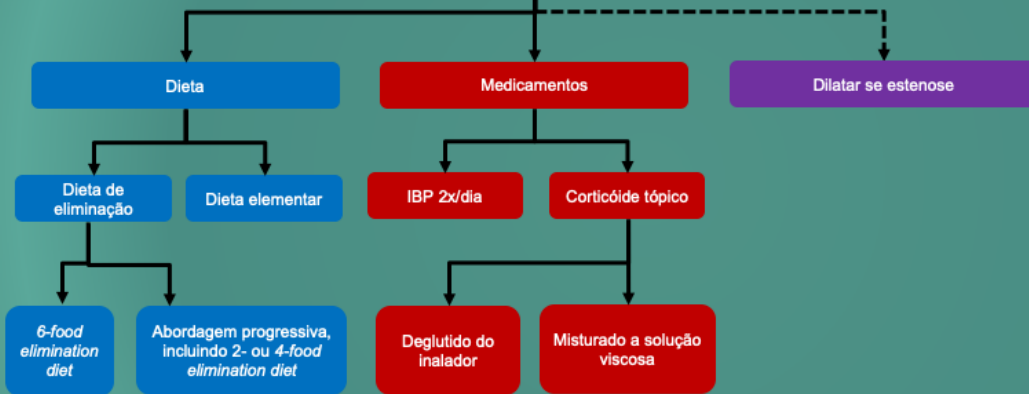


Molina-Infante J, Lucendo A. J Allergy Clin Immunol. 2018;142(1):41-47



# Esofagite eosinofílica

Aconselhar paciente sobre opções disponíveis

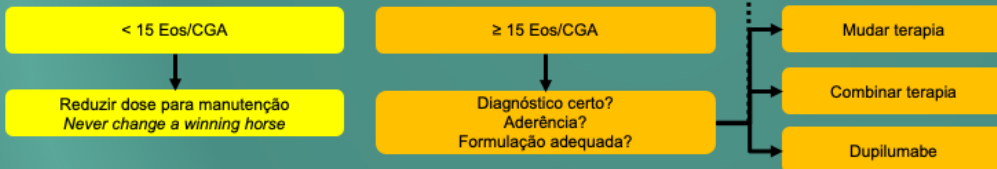


Esofagite eosinofílica

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## Endoscopia em 8-12 semanas



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