



# Eosinophilic esophagitis: case series and evaluation of clinical findings



İSTANBUL MEDENİYET  
ÜNİVERSİTESİ

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**AIM:** Sharing our clinical experience in eosinophilic esophagitis (EoE)

**METHOD:** 2013-2024, retrospective review

**Diagnosis:** Multiple biopsies from proximal, middle, and distal esophagus

- Intraepithelial presence of 15 or more eosinophils: EoE
- Presence of eosinophils between 1-14: low-grade eosinophilia (LGE)

## RESULTS:

9 patients:

4 males (44.5%), 5 females (55.5%)

Mean age:  $6.6 \pm 3.1$  (1-11) years

• **Complaints:**

- Dysphagia (n=8)
- Foreign body in the esophagus without stricture (n=1)

• **Primary diagnosis:**

- Esophageal atresia (n=8, 88.9%)
- Cerebral palsy/epilepsy (n=1, 11.1%)

• **Endoscopic evaluation:**

- Trachealisation and streaking (n=3)
- Hyperemia, granulation tissue formation, and fragile appearance (n=5) (Figure 1)
- Normal findings (n=1)

• 6 (66.6%) required multiple esophageal dilatation

• **Histopathological evaluation:**

- EoE: 8 (88.9%) (Figure 2)
- LGE: 1 (11.1%)

• **Treatment:**

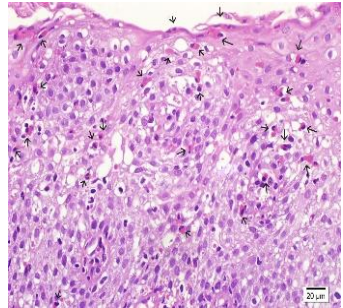
- 4 (44.4%) - PPI
- 4 (44.4%) - PPI, and oral steroid
- 1 (11.2%) - drug-free follow-up

• **Follow-up:**

- - 5 (55.6%) Complete recovery
- - 4 (44.4%) Follow-up is ongoing



**Figure 1:** Distal esophagus hyperemia, fragile appearance



**Figure 2:** Increased eosinophil infiltration in the distal esophagus (arrows)

## CONCLUSION:

- The definitive diagnosis of EoE is established through endoscopy and histopathological evaluation
- Treatment options, including drug-free monitoring, PPI, and/or oral steroids, are tailored to the individual patient.