

# Diagnostic de l'oesophagite à éosinophiles

## Soirée des patients, 15 août 2018

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Division de Gastroentérologie et  
d'Hépatologie

CHUV, Lausanne

# Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults

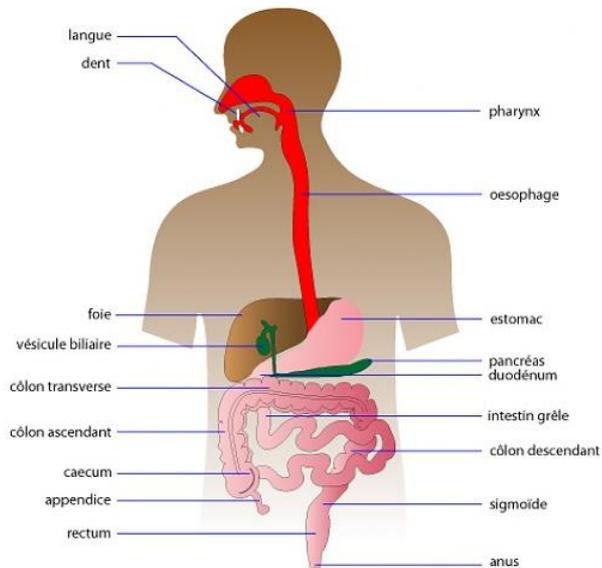
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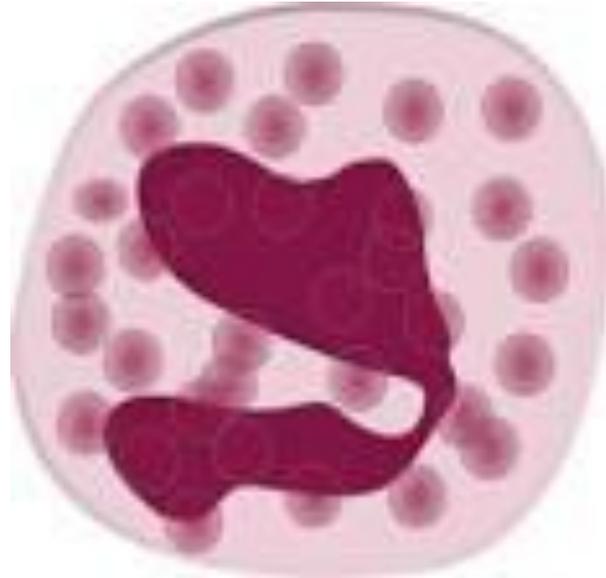
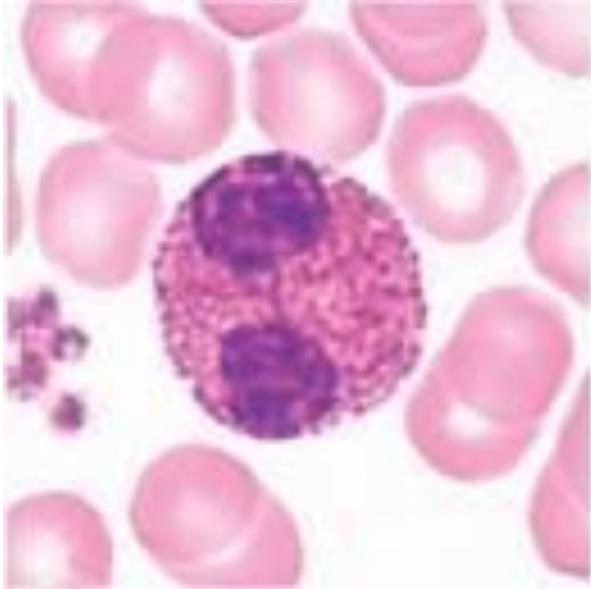


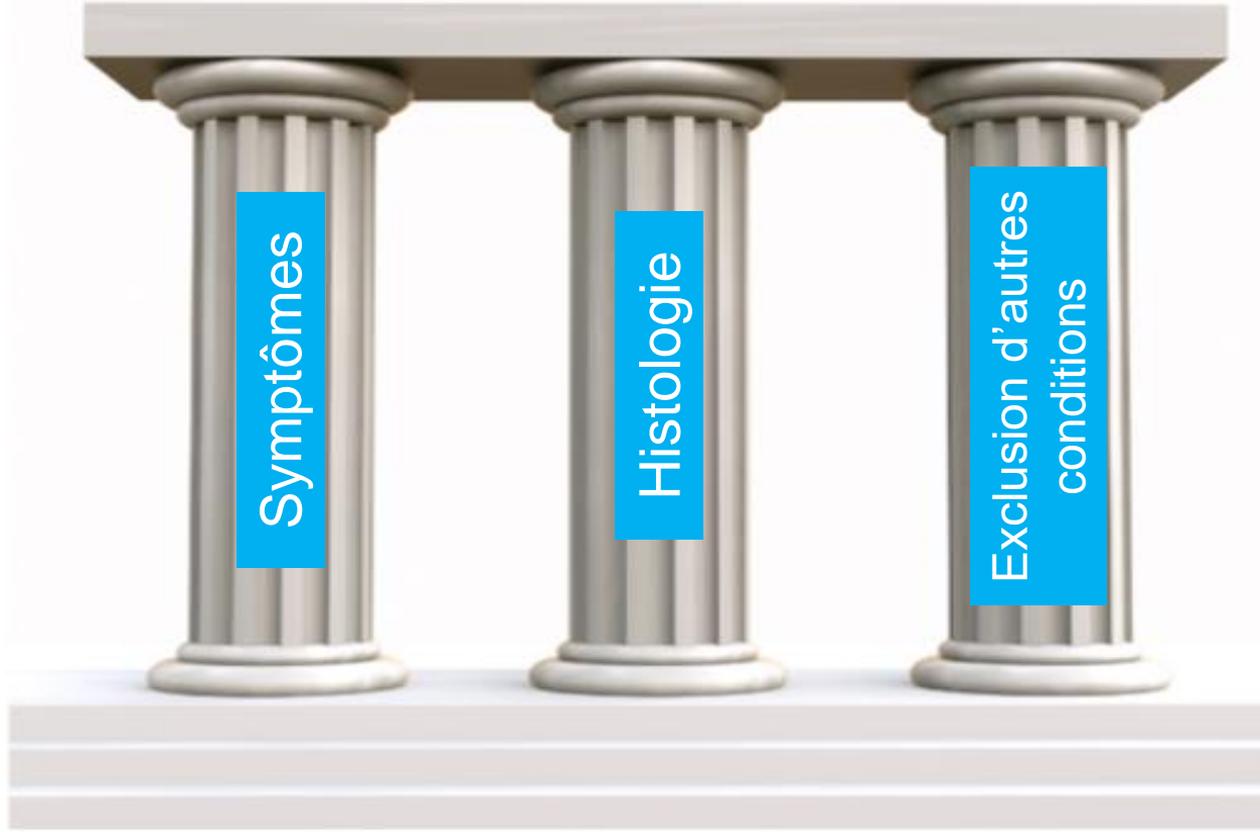
EoE represents a chronic, local immune-mediated esophageal disease, characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation. Other systemic and local causes of esophageal eosinophilia should be excluded. Clinical manifestations or pathologic data should not be interpreted in isolation

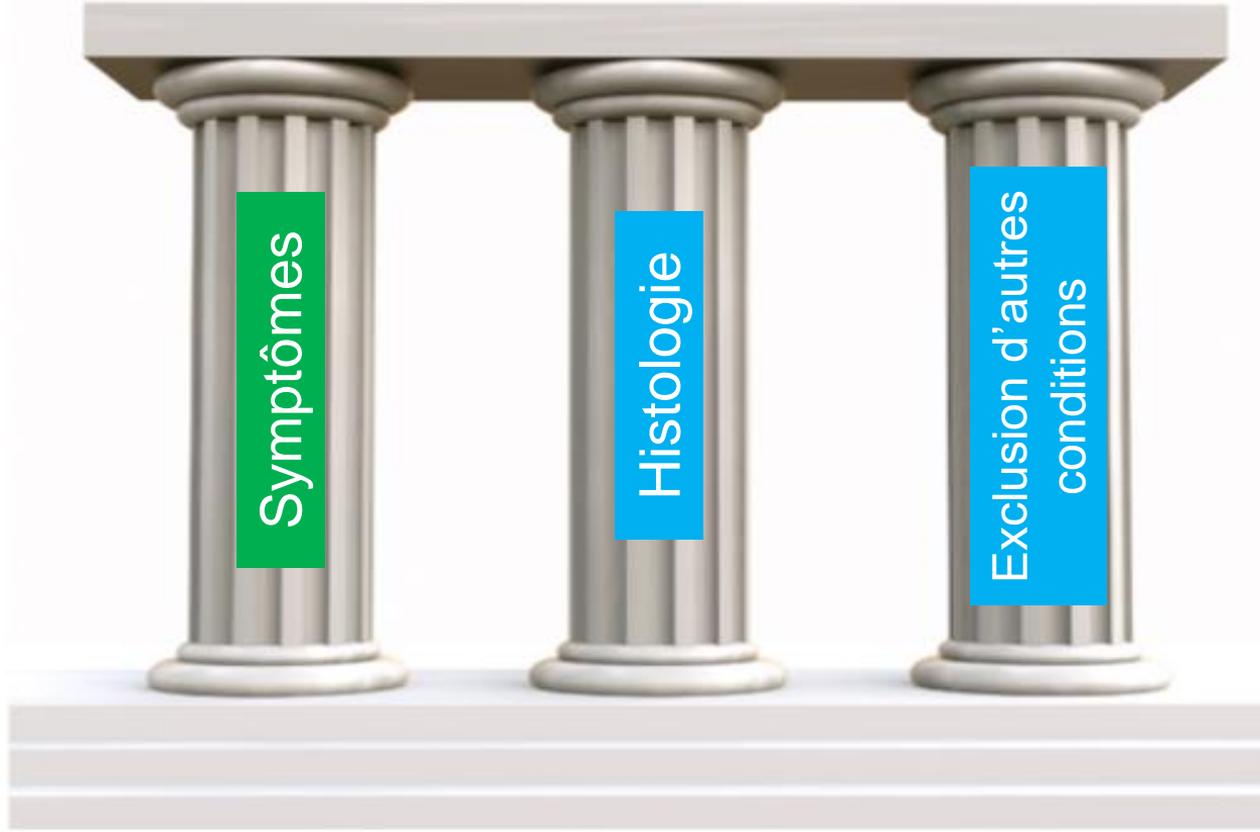
# Œsophage : anatomie



<https://www.abcd-chirurgie.fr>







# Symptômes

## Adultes et adolescents

Dysphagia pour solides ( $\cong 100\%$ )

Impactions alimentaires

Douleurs sur la poitrine, pas dépendant de l'alimentation ( $>50\%$ )



## Enfants

Refus de l'alimentation, mauvaise croissance

Nausées, vomissements, régurgitations

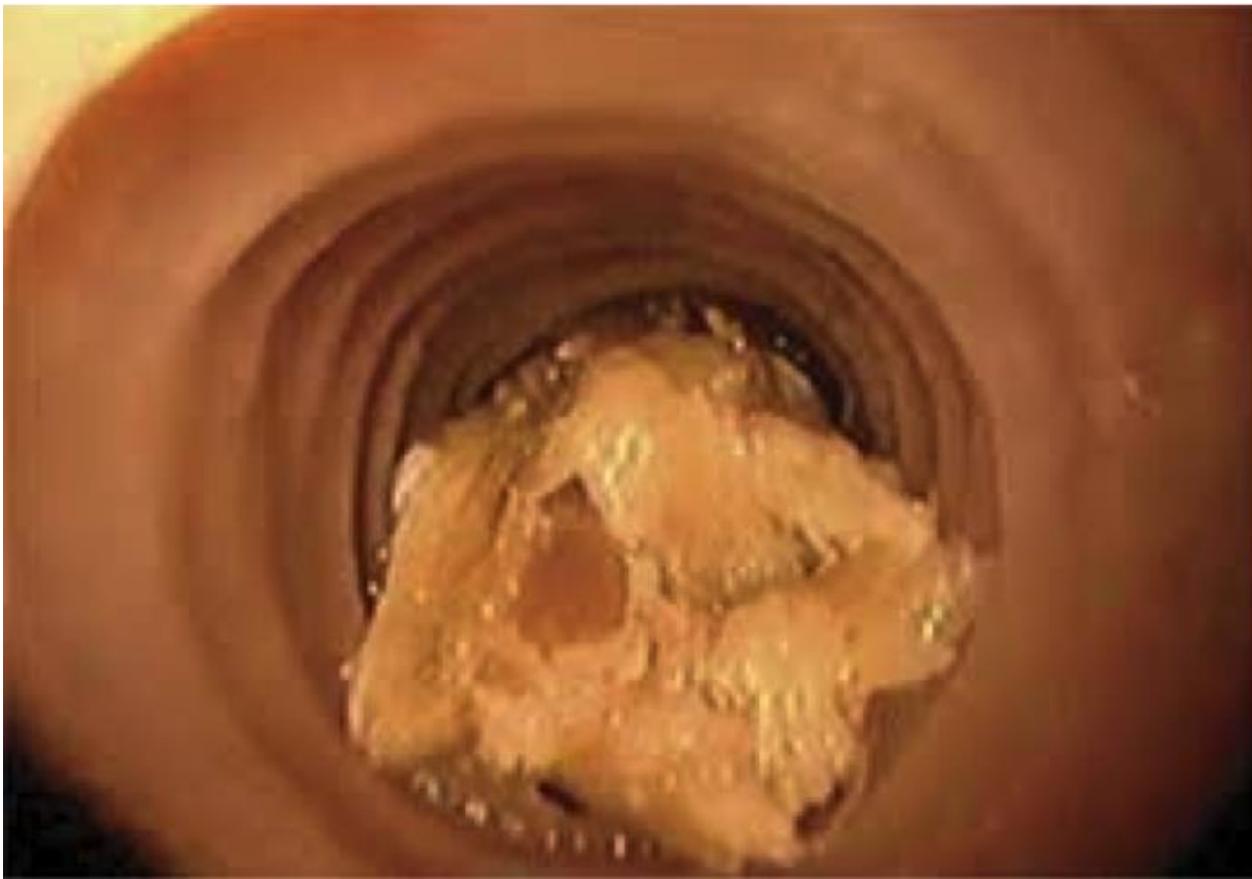
Douleurs abdominales

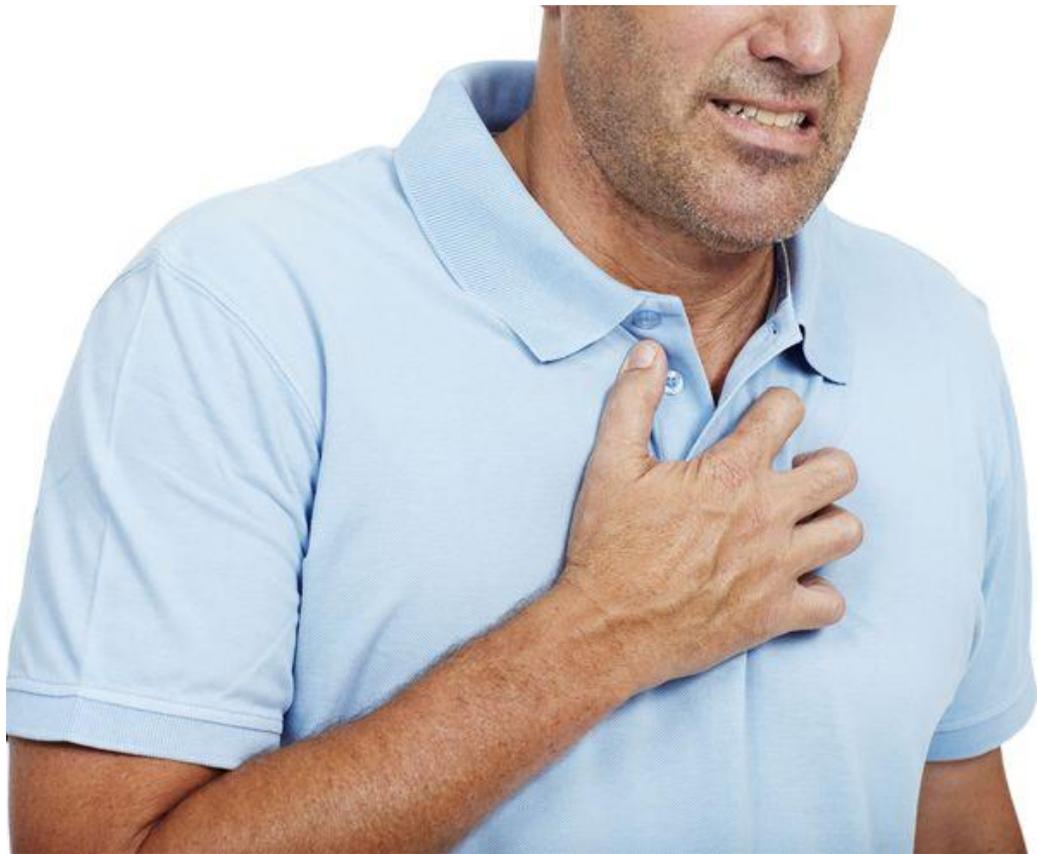
Diarrhées

Douleurs sur la poitrine

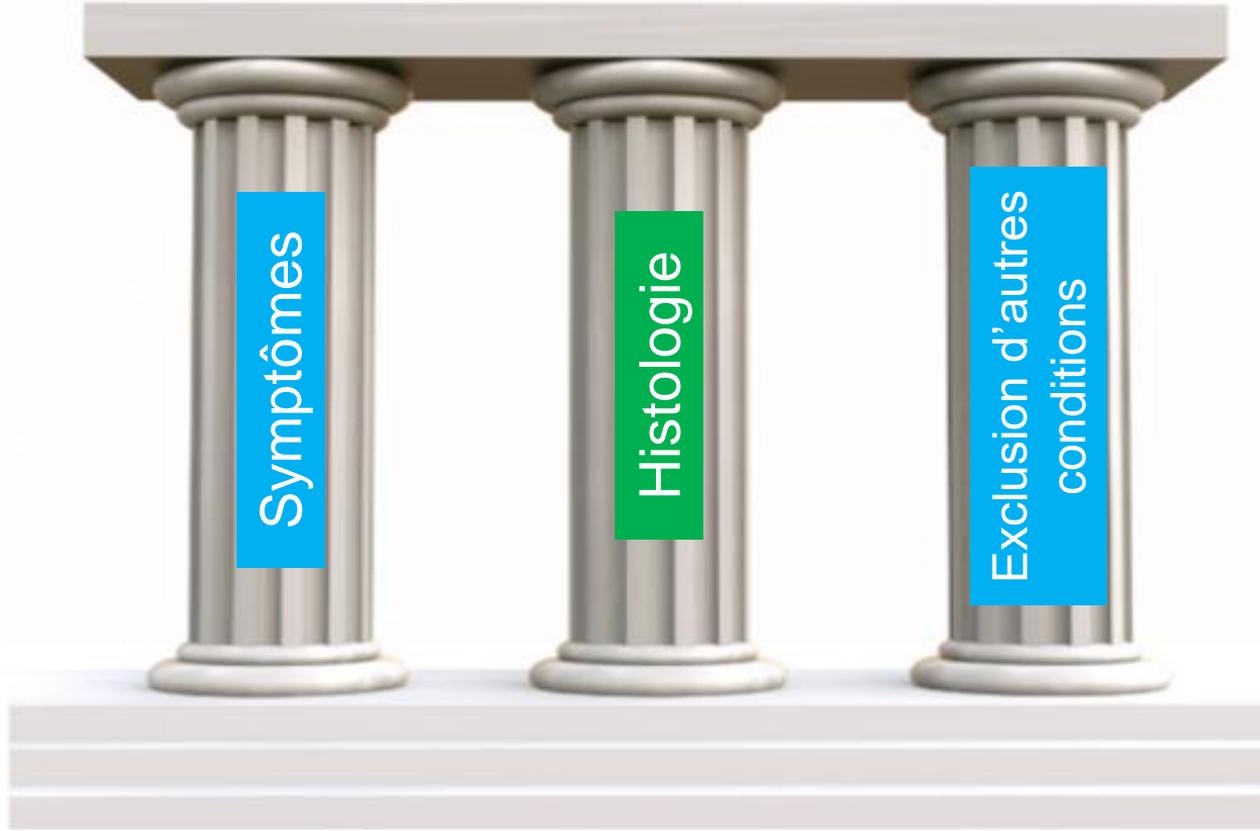
1. Attwood SE et al. Dig Dis Sci 1993
2. Straumann A et al. SMW 1994
3. Furuta GE et al. Gastroenterol 2007
4. Liacouras CA et al. JACI 2011

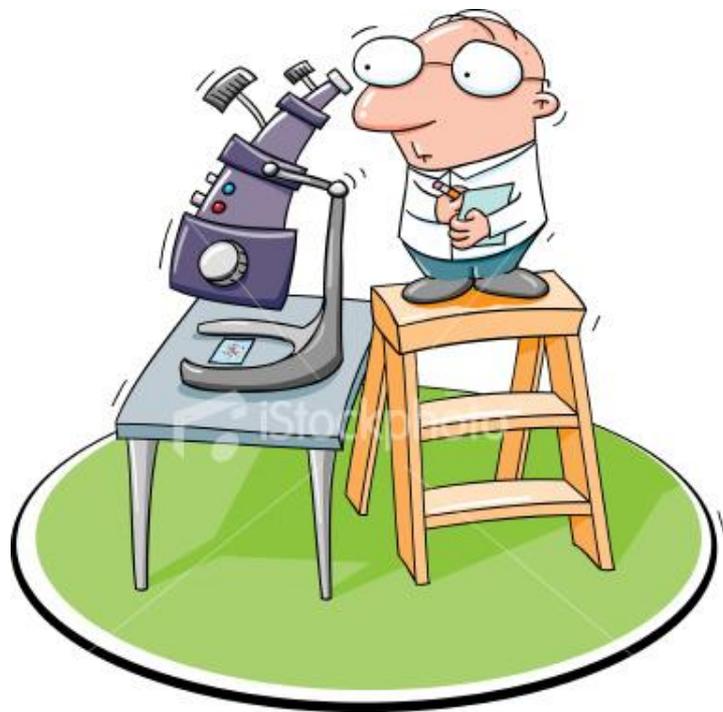








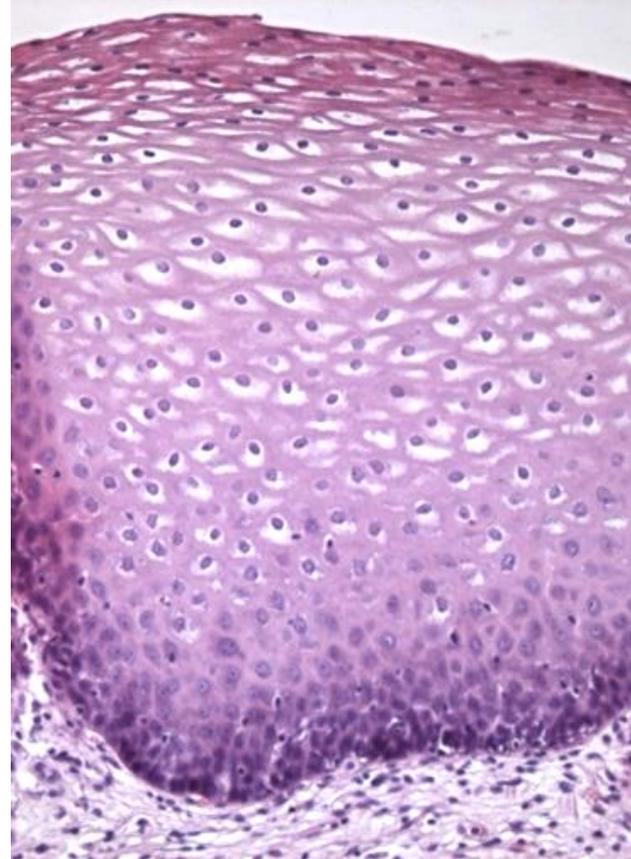




# Œsophage : histologie

## Muqueuse oesophagienne:

-épithélium malpighien ou épidermoïde  
(angl. : *squamous*)

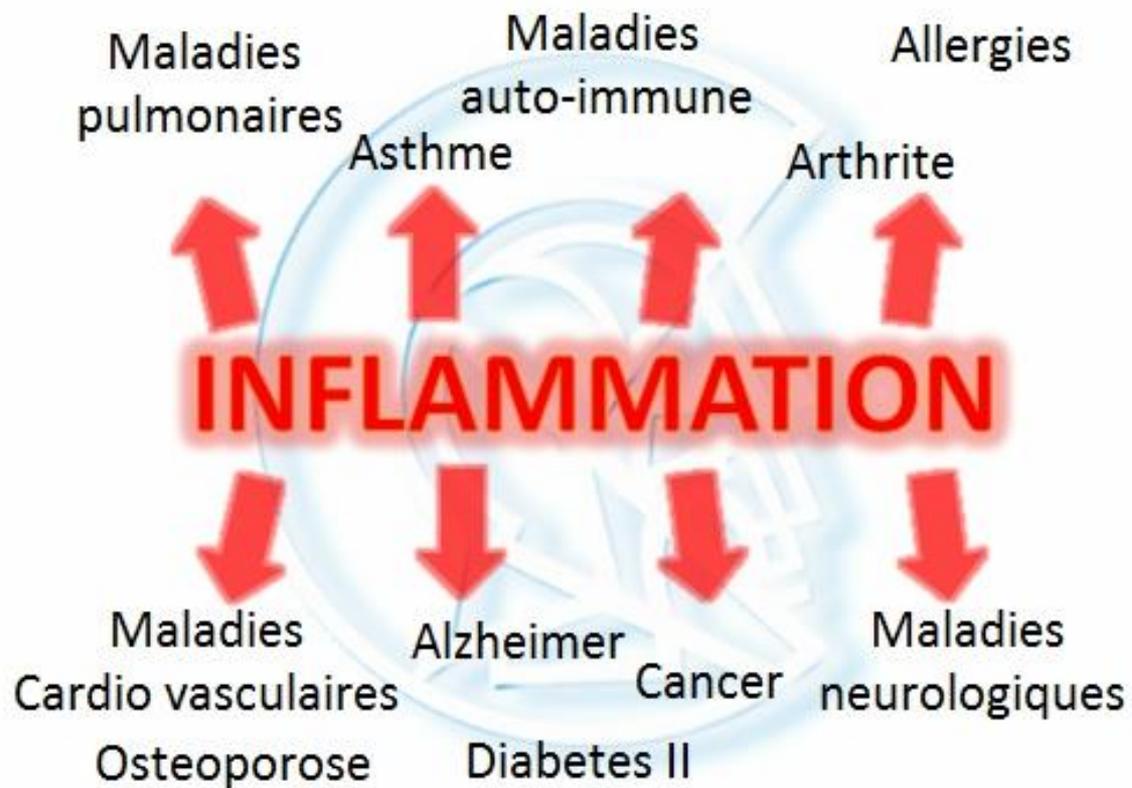


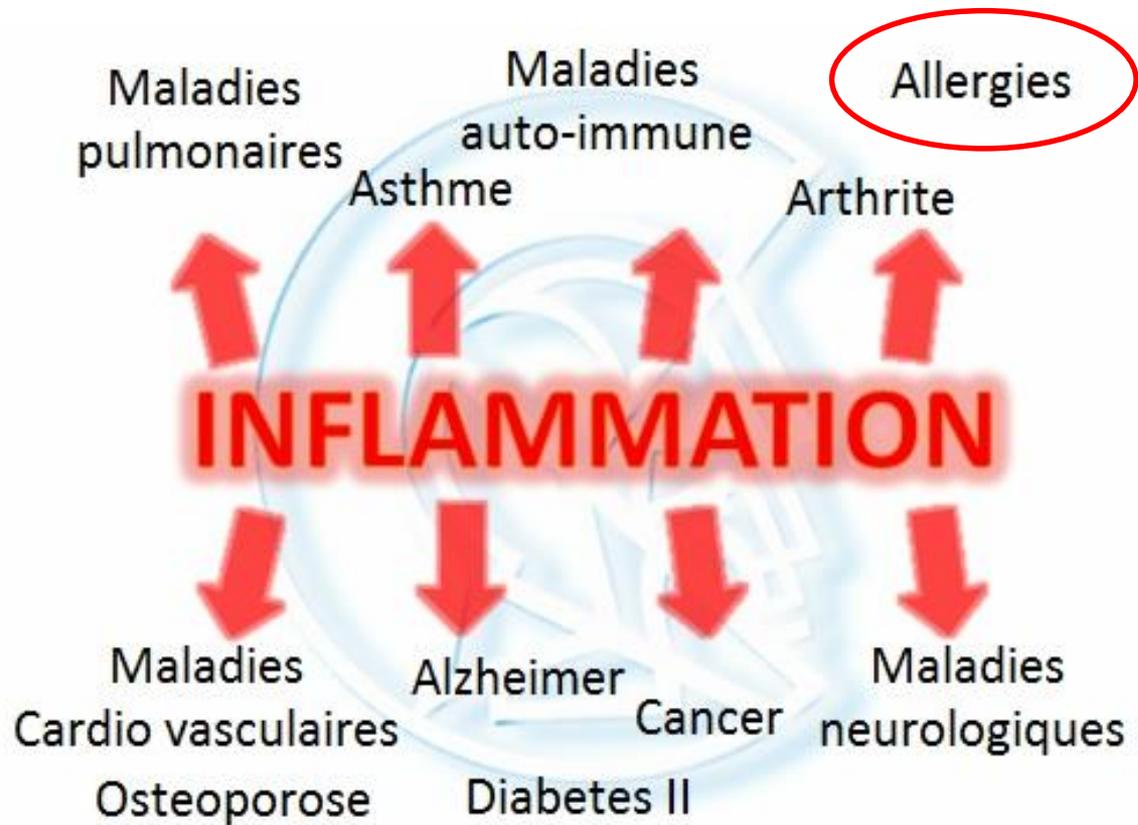
# Inflammation

Inflammation is a response of vascularized tissues to infections and damaged tissues that brings cells and molecules of host defense from the circulation to the sites where they are needed, in order to eliminate the offending agents.

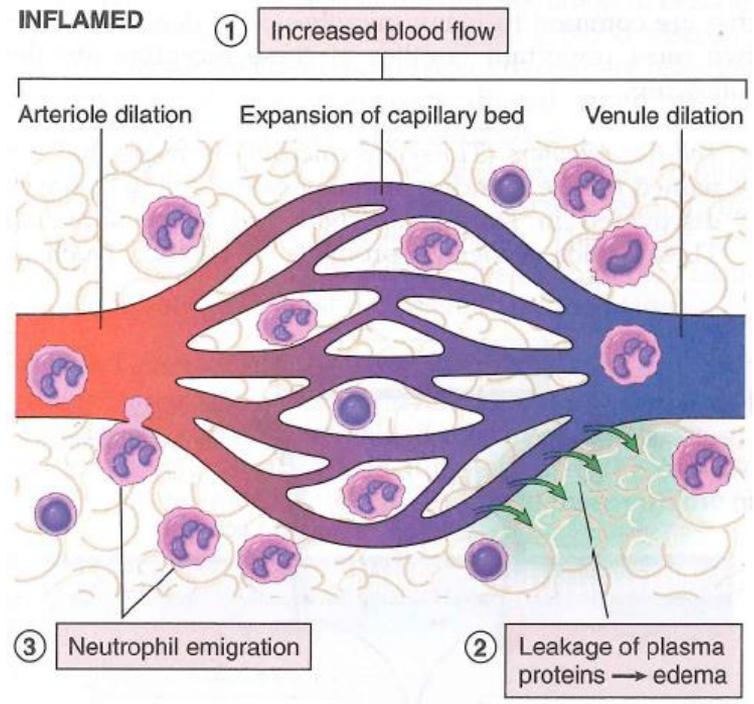
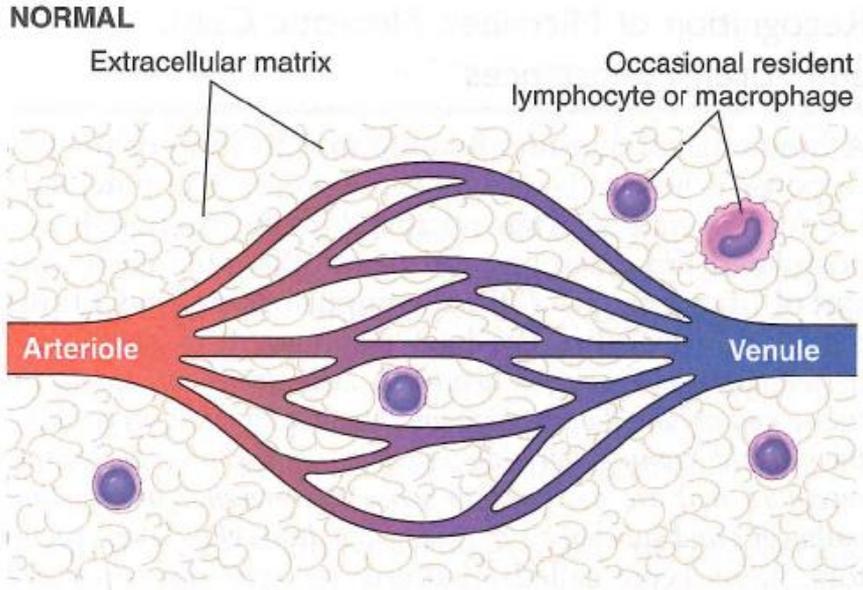
Although in common medical and lay parlance, inflammation suggests a harmful reaction, it is actually a protective response that is essential for survival.

*Robbins and Cotran, Pathologic Basis of Diseases, 9th edition, 2015*

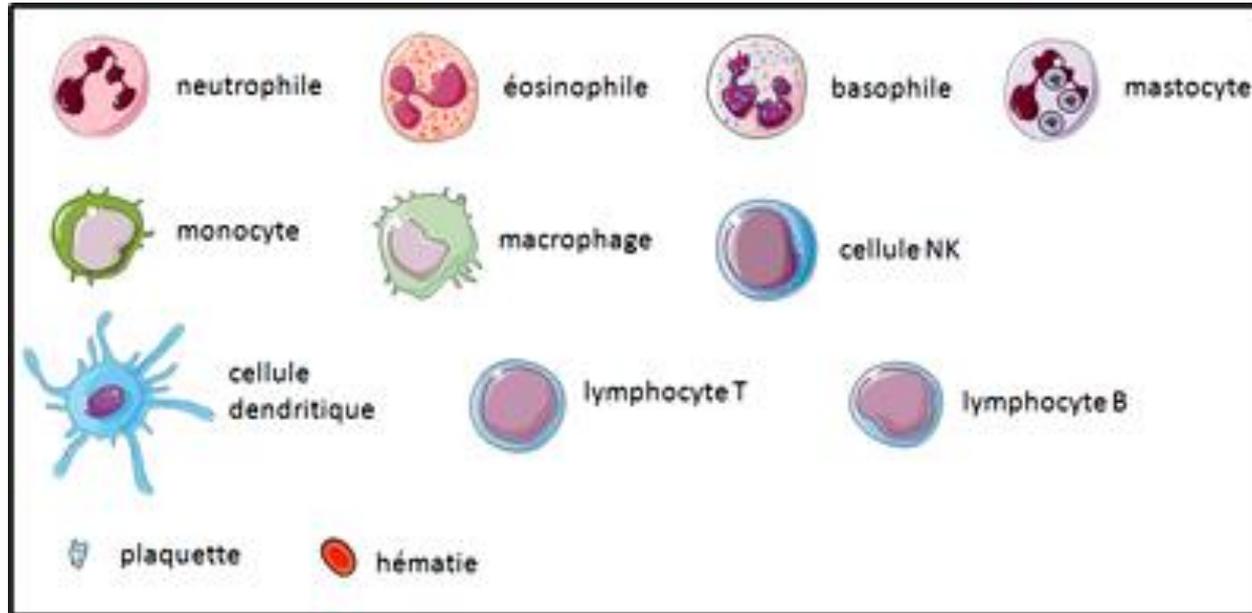




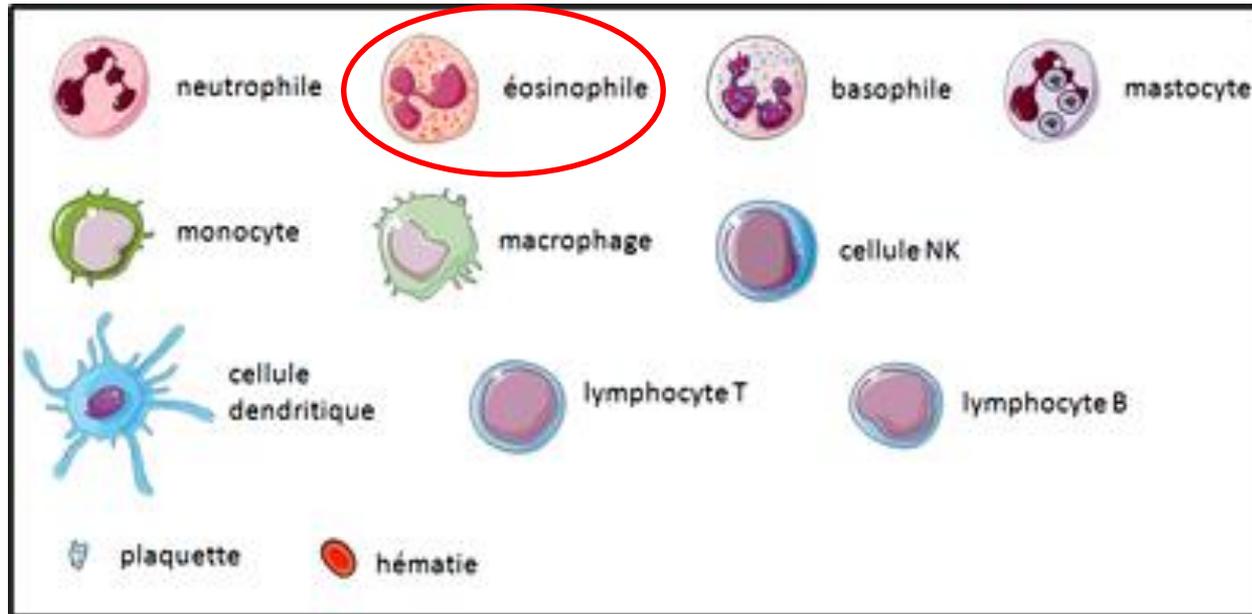
# Inflammation – mécanismes vasculaires et cellulaires



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# Et l'inflammation à éosinophiles ?

Réactions allergiques

Infections parasitaires

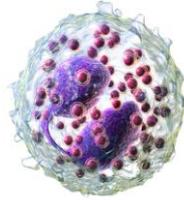
Maladies autoimmunes

# Et l'inflammation à éosinophiles ?

Réactions allergiques

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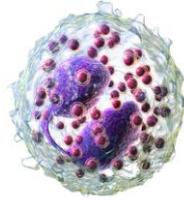
Eosinophil

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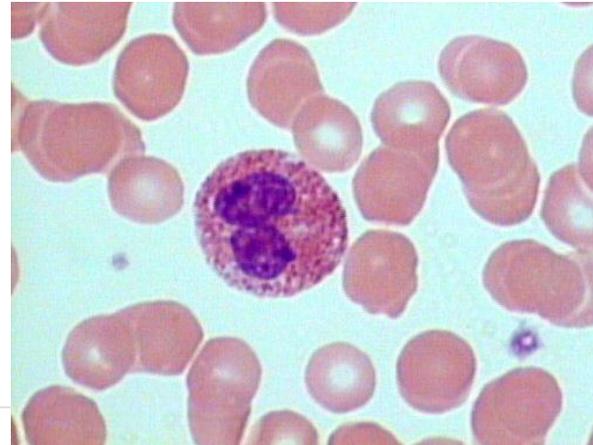
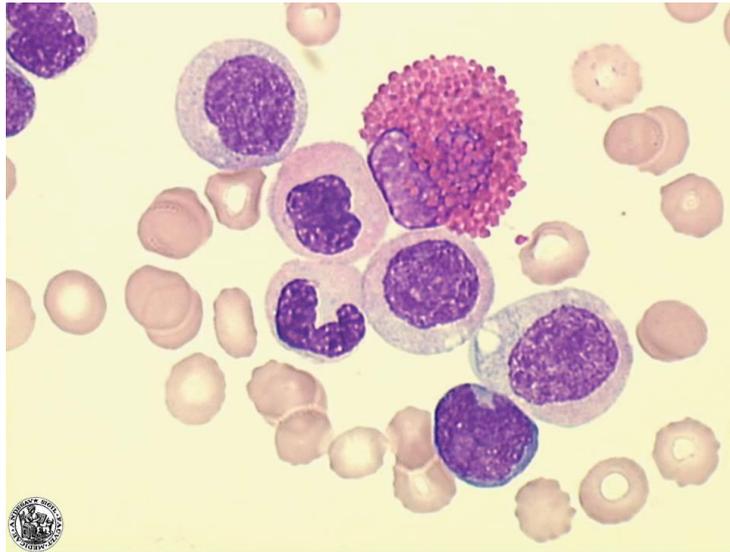
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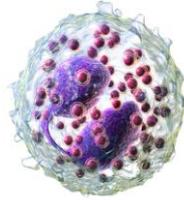


# Et l'inflammation à éosinophiles ?

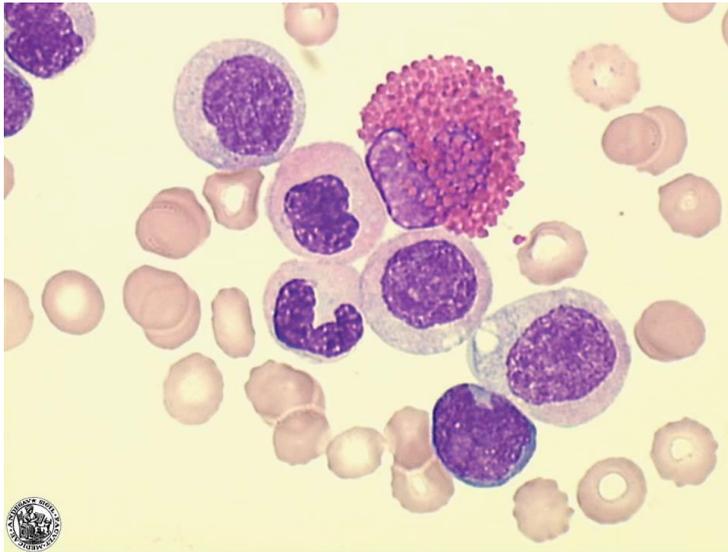
Réactions allergiques

Infections parasitaires

Maladies autoimmunes



Eosinophil



# Inflammations de l'œsophage = oesophagite

- ❑ Infections : l'agent responsable est un virus, un champignon...
- ❑ Reflux : l'agent responsable est l'acidité gastrique
- ❑ A éosinophiles : mécanismes de type allergique

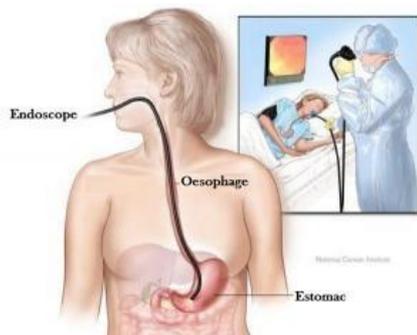
# Diagnostic d'oesophagite à éosinophiles

**Symptômes cliniques**

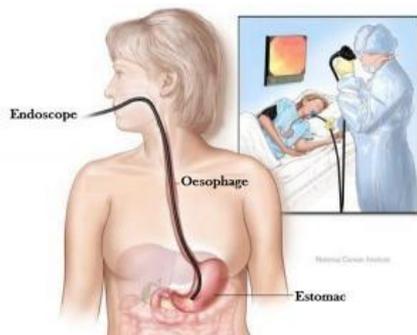
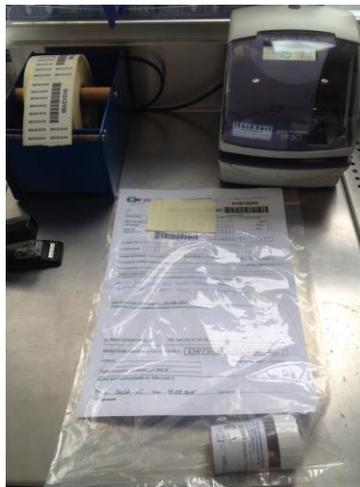
**+**

**Lésions histologiques**

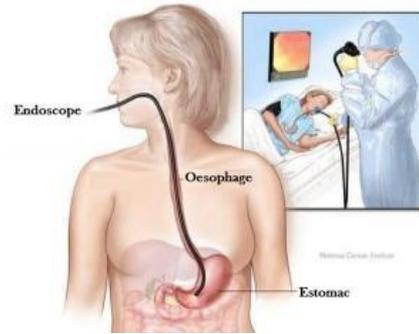
# De l'endoscope au microscope



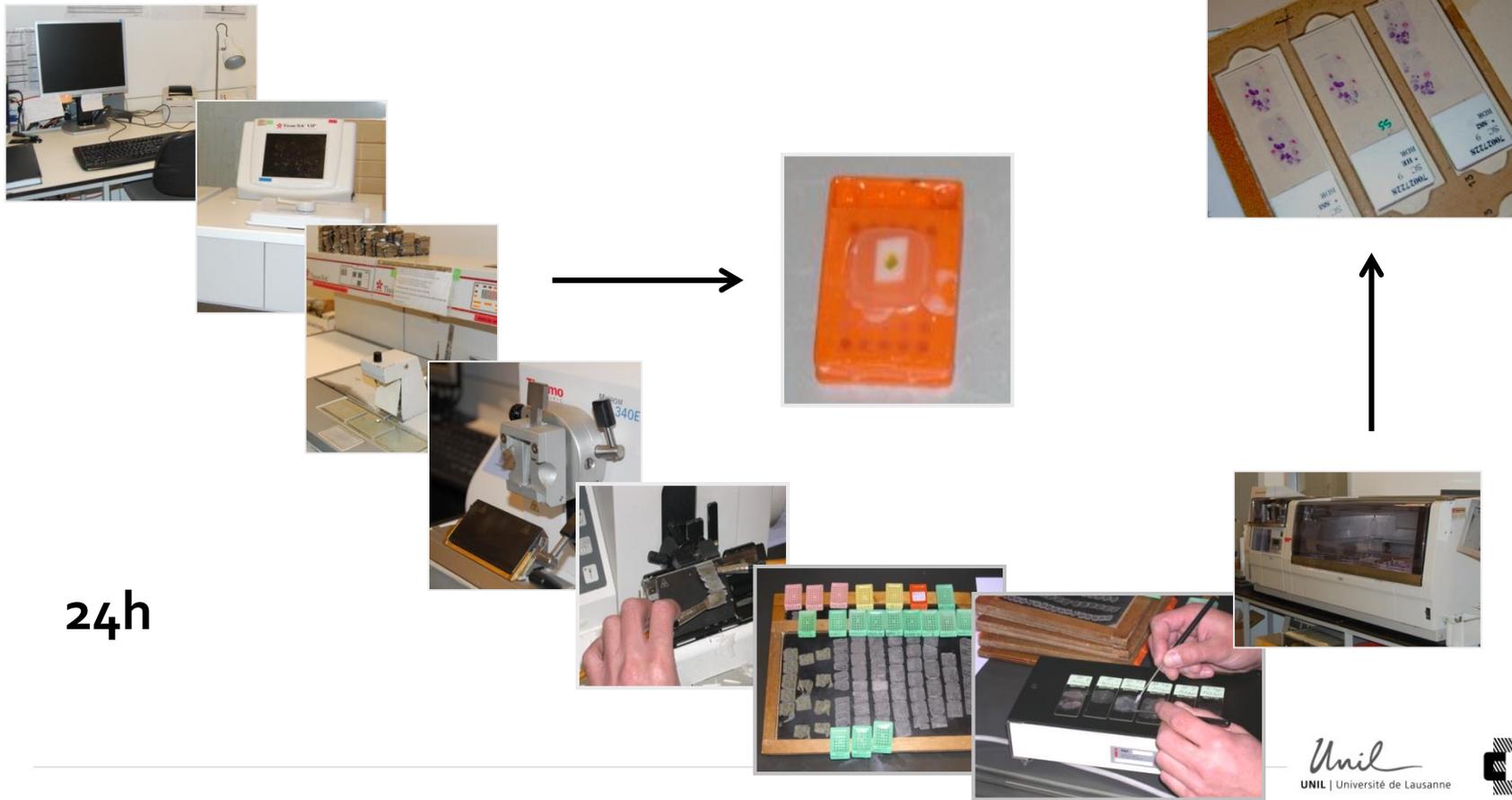
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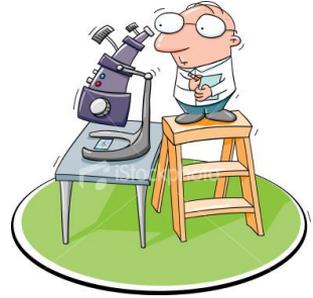


# De l'endoscope au microscope



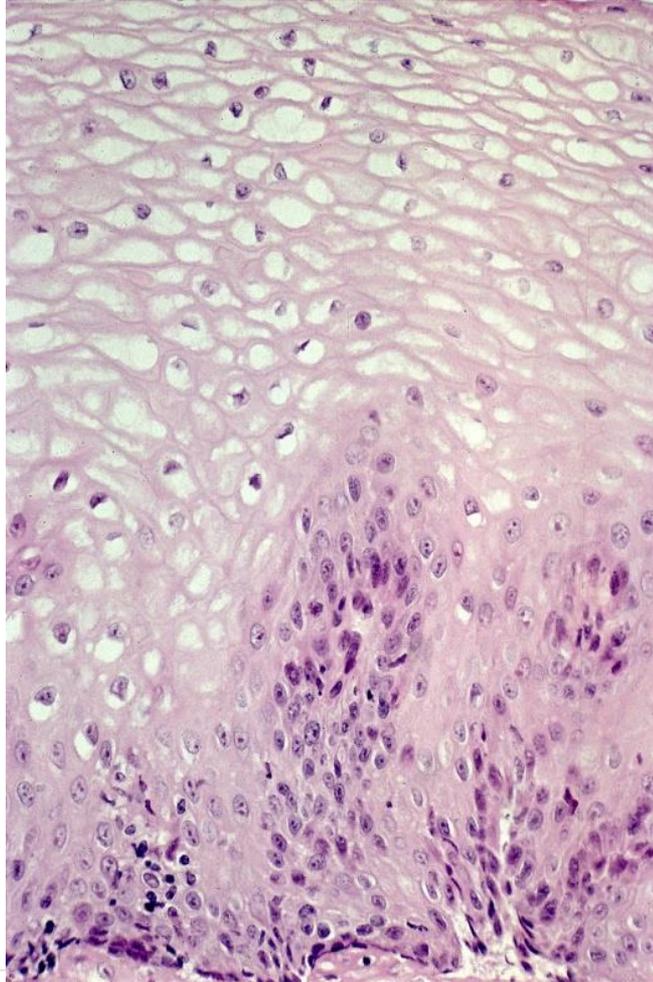
24h

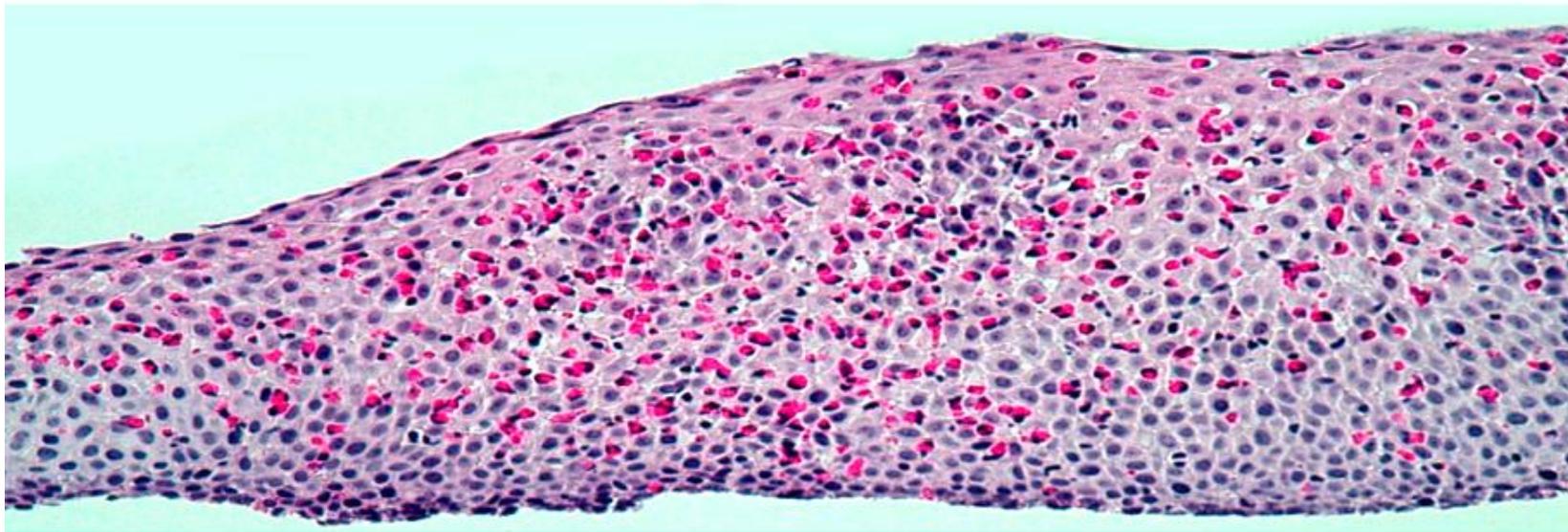
# Caractéristiques histologiques



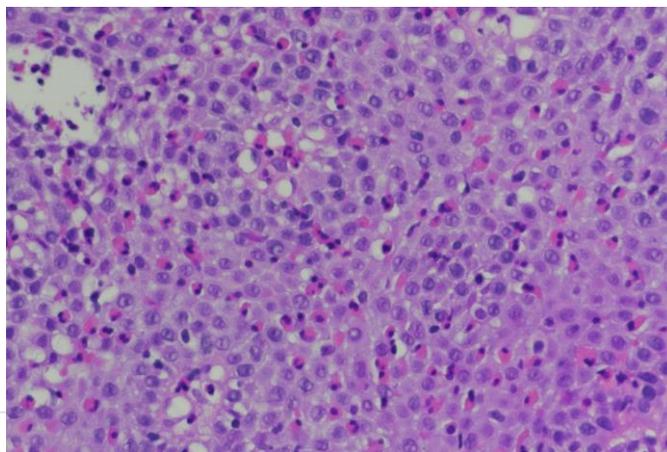
- Eosinophiles dans l'épithélium (>15/HPF)
- Micro-abcès à éosinophiles
- Hyperplasie des couches basales de l'épithélium
- Fibrose de la lamina propria

## Muqueuse œsophagienne normale

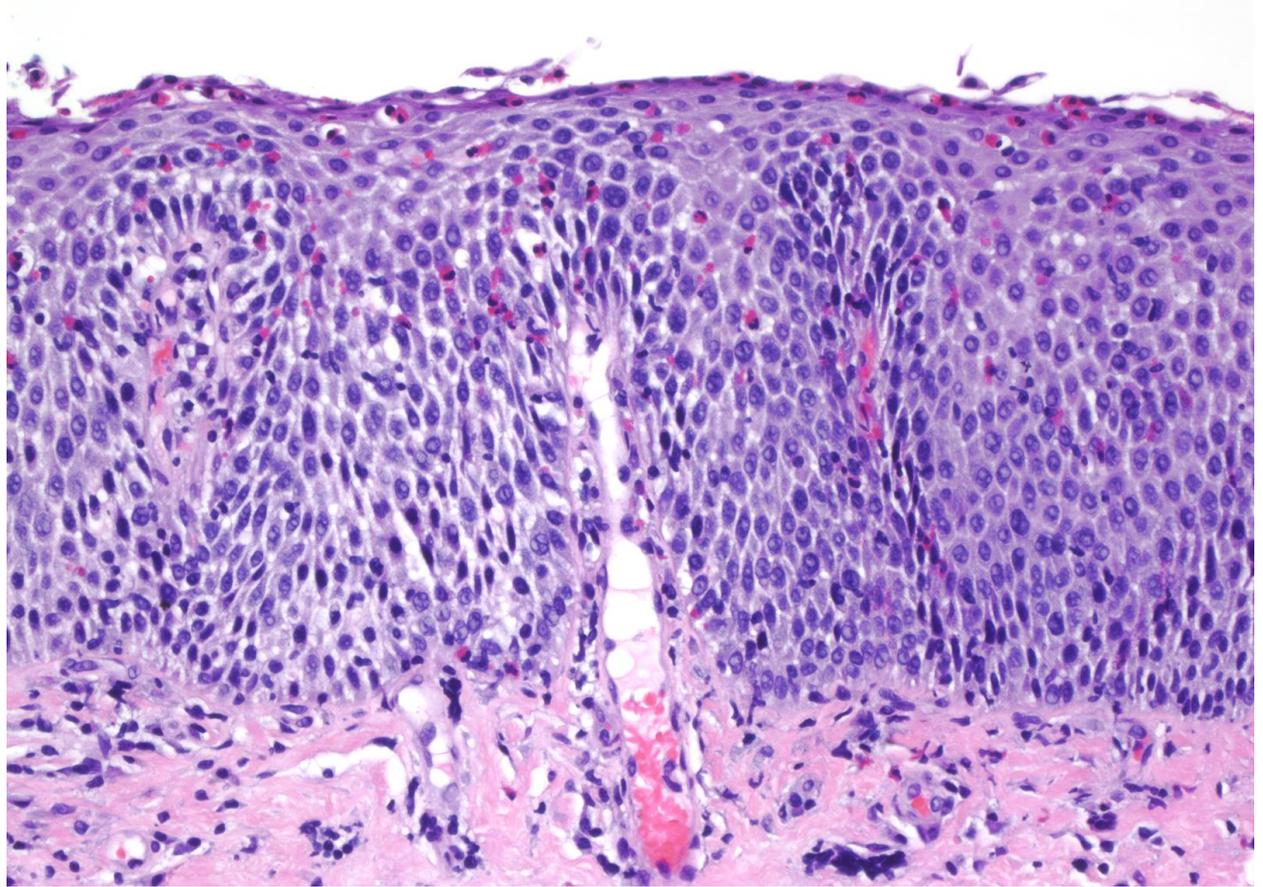




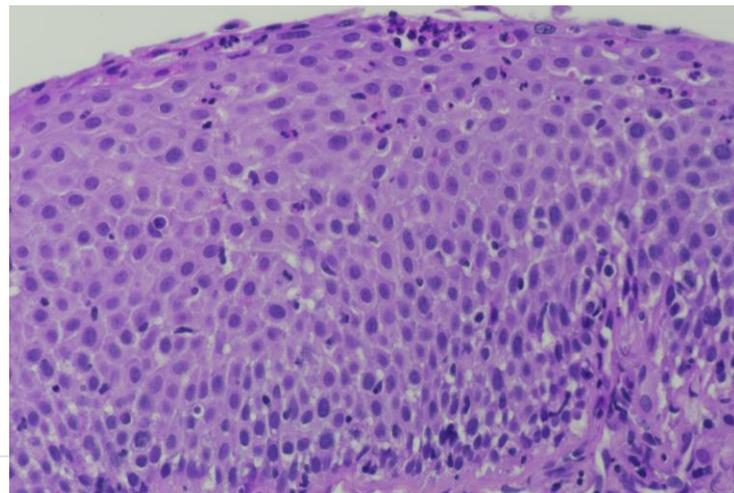
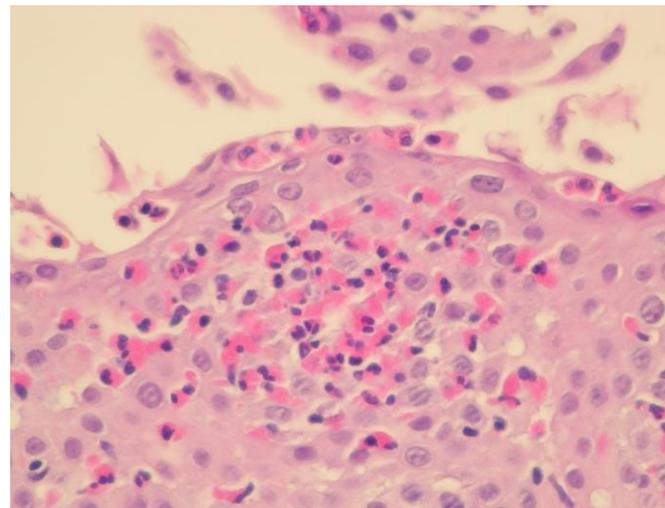
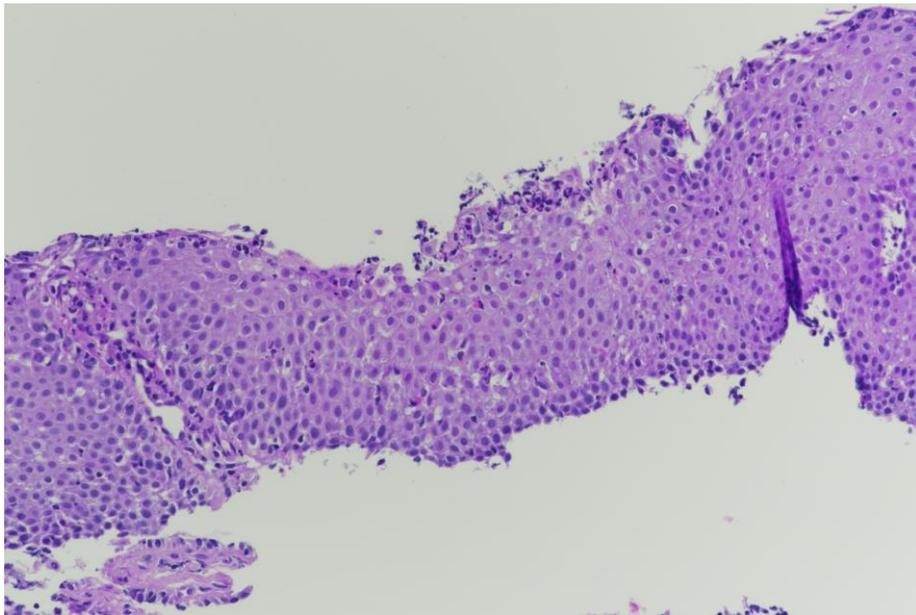
**PNE : > 15/HPF**



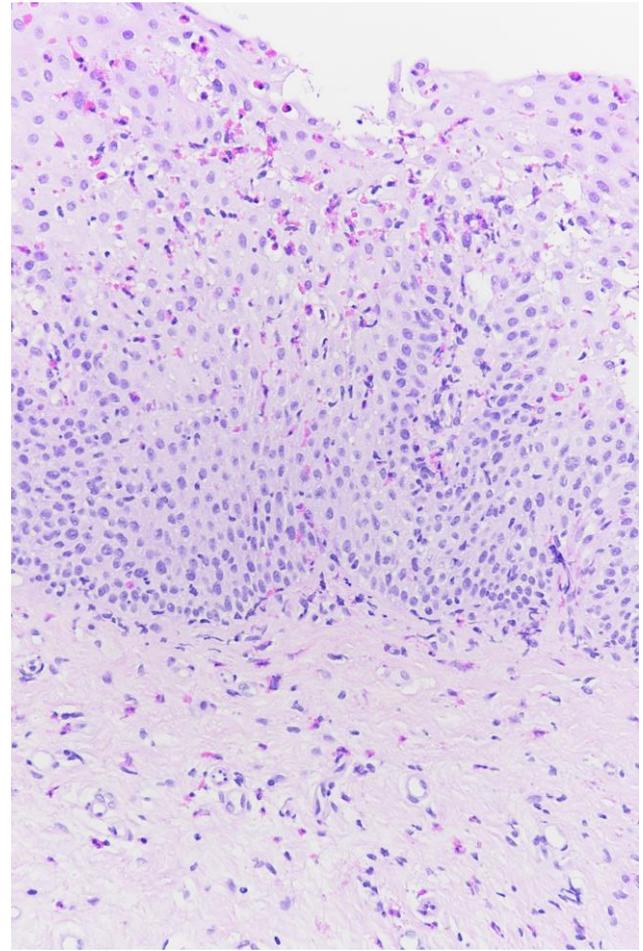
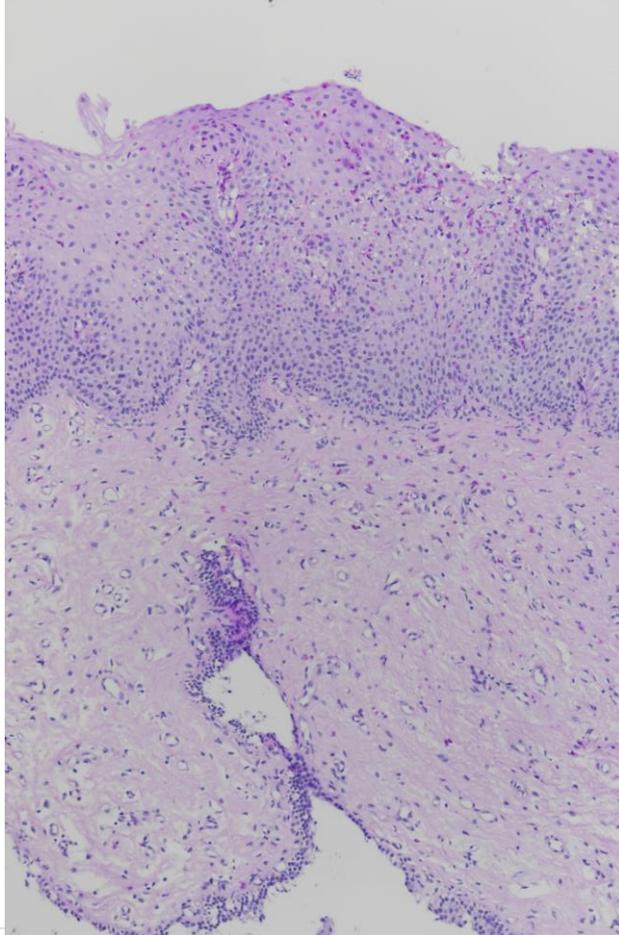
## Hyperplasie des couches basales



# Microabcès



## Fibrose de la sous-muqueuse



# A long terme : risque de sténose de l'oesophage



Figure 1. Typical esophageal narrowing and ring formations in a patient with eosinophilic esophagitis.

## Reflux gastro-oesophagien (RGO)

Allergies alimentaires

Maladie gastro-intestinale diffuse à éosinophile

Maladie coeliaque

Maladie de Crohn

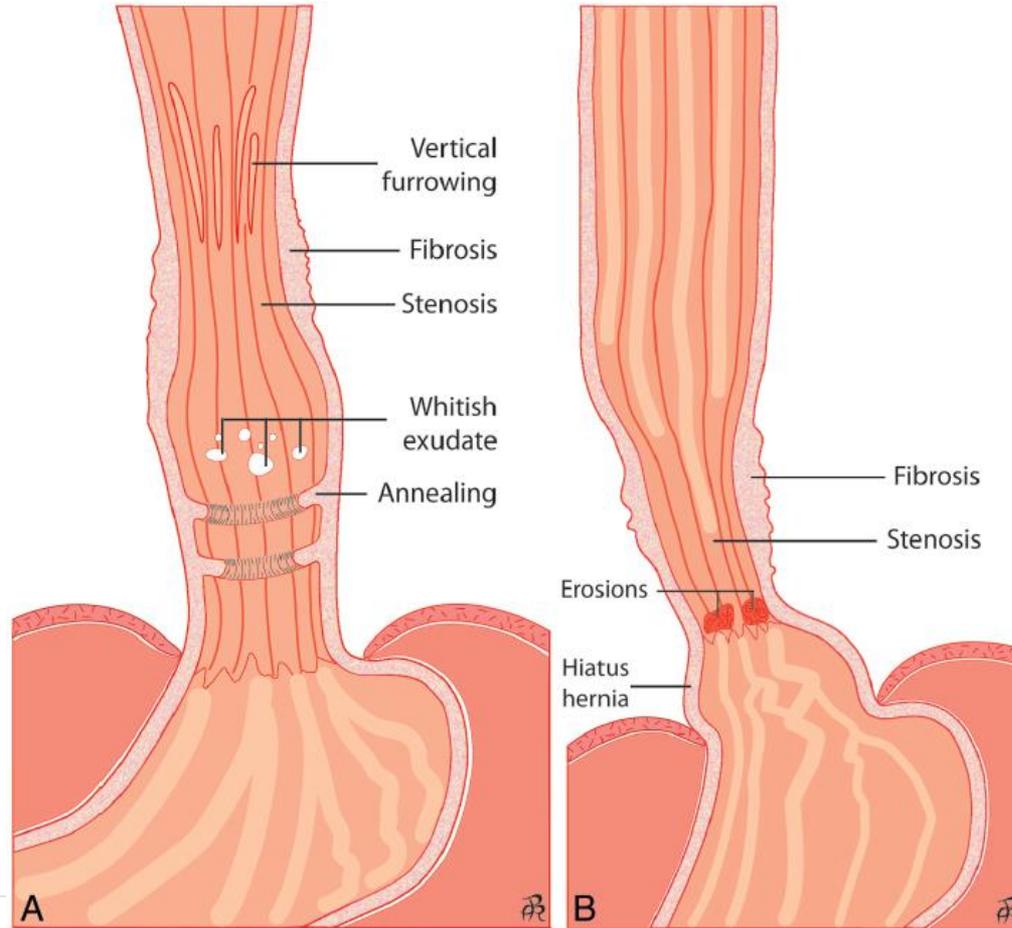
Infections parasitaires

Syndrome hyperéosinophilique

# RGO vs oesophagite à éosinophile

Do Eosinophil Numbers Differentiate Eosinophilic Esophagitis from Gastroesophageal Reflux Disease?

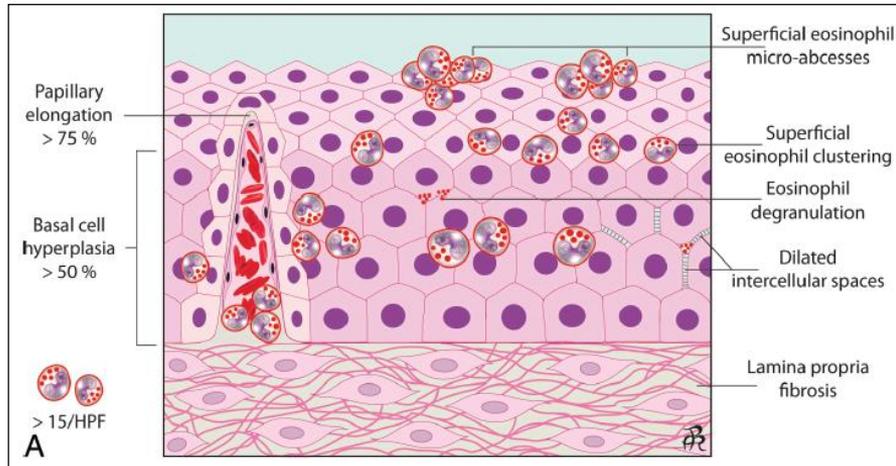
Muriel Genevay, MD; Laura Rubbia-Brandi, MD, PhD; Anne-Laure Rougemont, MD  
Arch Pathol Lab Med—Vol 134, June 2010



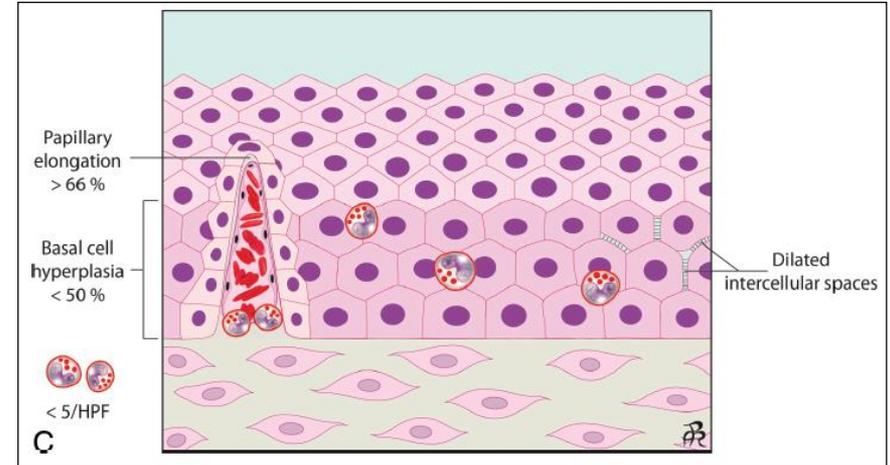
**Figure 2.** Schematic representation of the main endoscopic findings of eosinophilic esophagitis (A) and gastroesophageal reflux disease (B).

# RGO vs oesophagite à éosinophile

### EoE



### RGO



## Compte-rendu standard œsophagite à éosinophiles

Œsophage distal/proximal, biopsie : **aspect compatible avec une œsophagite à éosinophile. Cf. description.**

## Compte-rendu standard œsophagite à éosinophiles

Œsophage distal/proximal, biopsie : **aspect compatible avec une œsophagite à éosinophile. Cf. description.**

### Description :

Nombre d'éosinophiles : x/HPF

Localisation : superficielle / profonde / diffuse

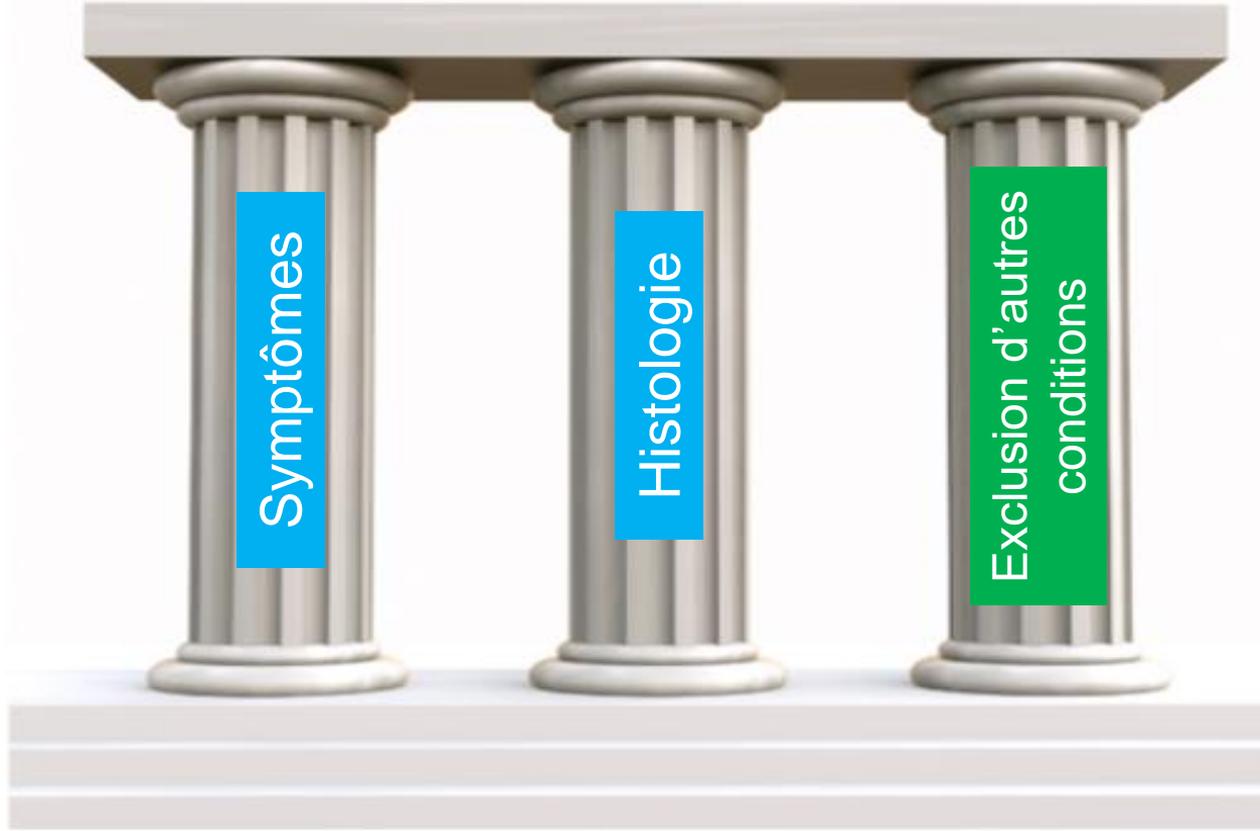
Présence de microabcès : oui / non

Localisation : superficielle / profonde / diffuse

Hyperplasie des couches basales : <15% / 15-33% / 34-66% / >66% / non évaluable

Lamina propria : fibrose absente / présente → légère / modérée / sévère / non évaluable

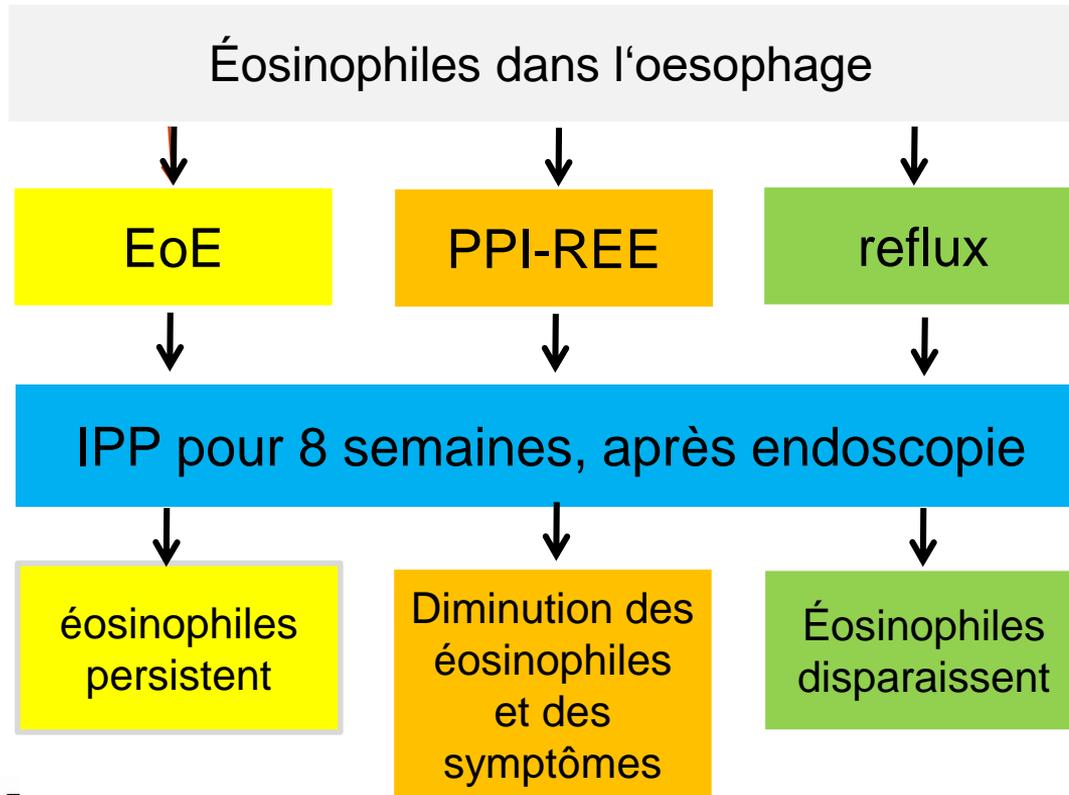
*Le diamètre du champ à fort grossissement (x400) est de ...mm.*



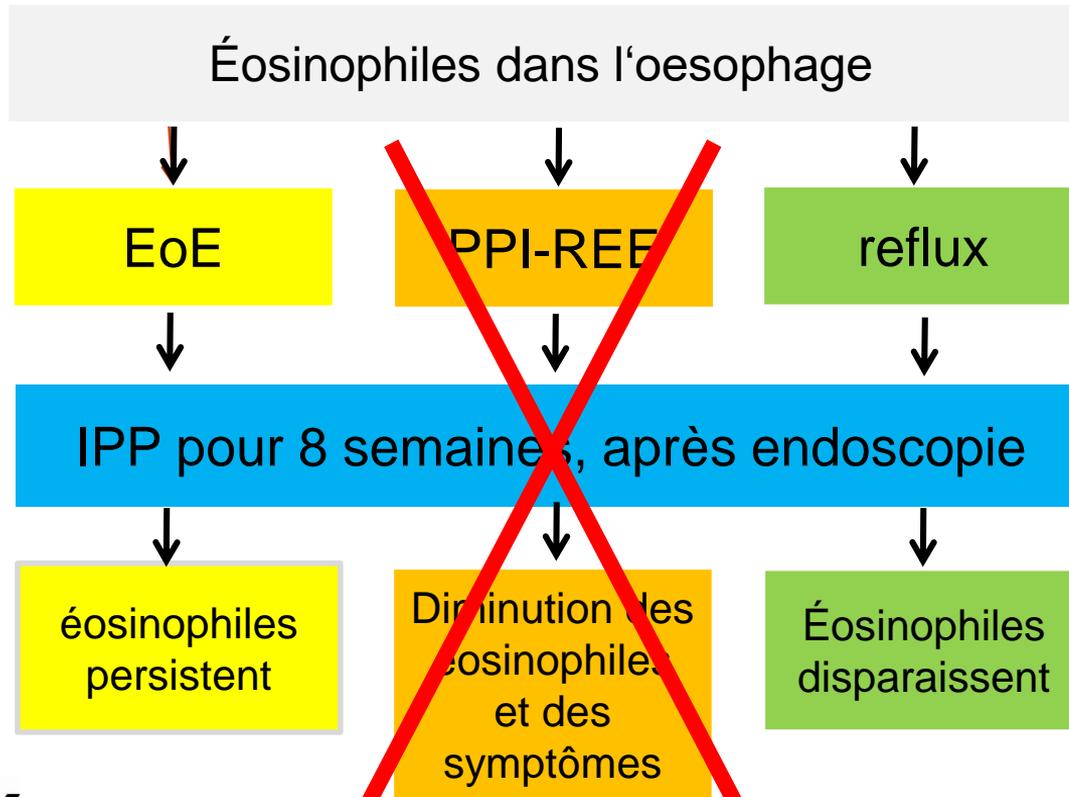
# Eosinophilie dans l'oesophage

- maladie de reflux gastro-oesophagien
- oesohpagite à éosinophiles
- PPI-responsive esophageal eosinophilia (PPI-REE)
- autres:
  - eosinophilic gastrointestinal diseases
  - cœliakie
  - maladie de Crohn
  - infections (par ex. herpes, candida, anisakis)
  - achalasia
  - hypersensibilité aux médicaments
  - vasculite
  - pemphigus (maladie de la peau)
  - ...

# Comment établir le diagnostic (jusqu'à 2017)



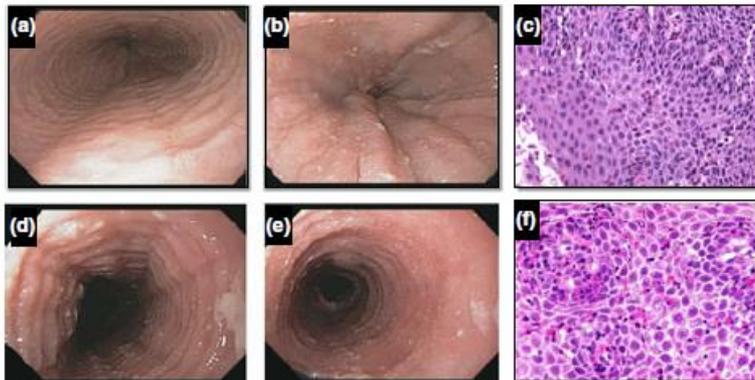
# Comment établir le diagnostic (à partir de 2018)



# PPI-REE

**Table 1** | There were no significant differences in any of the clinical or endoscopic characteristics between EoE and PPI-REE patients

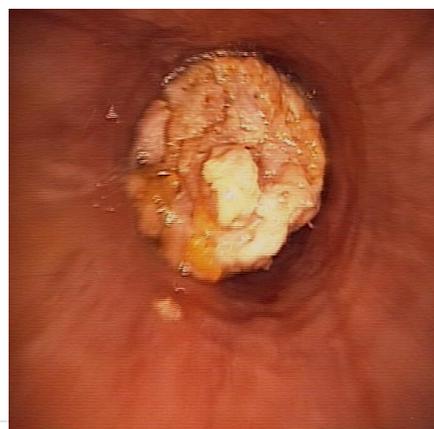
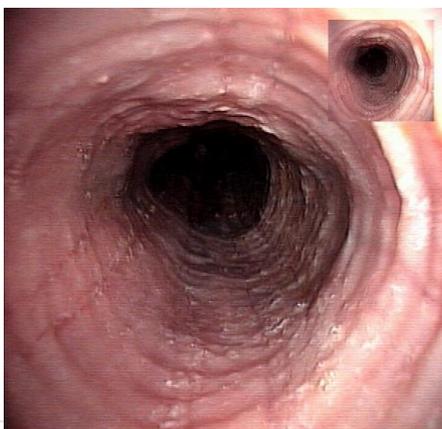
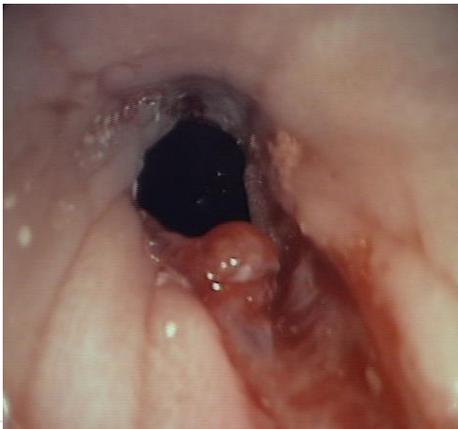
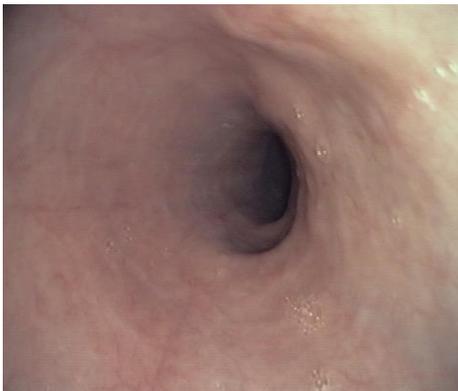
|                       | EoE<br>N = 63 | PPI-REE<br>N = 40 | P-value |
|-----------------------|---------------|-------------------|---------|
| Clinical presentation |               |                   |         |
| Dysphagia             | 97%           | 100%              | 0.520   |
| Food impaction        | 43%           | 35%               | 1.000   |
| Heartburn             | 33%           | 32%               | 1.000   |
| Endoscopic findings   |               |                   |         |
| Rings                 | 68%           | 68%               | 1.000   |
| Furrows               | 70%           | 70%               | 1.000   |
| Plaques               | 19%           | 10%               | 0.272   |
| Strictures            | 49%           | 30%               | 0.066   |
| % Dilation            | 54%           | 43%               | 0.314   |



EoE et PPI-REE ne peuvent pas être discriminés au niveau des symptômes, de l'endoscopie ou de l'histologie



# Endoscopie (1er diagnostic)



# Conclusions: diagnostic de l'EoE

