

OESOPHAGITE A EOSINOPHILES:

EPIDEMIOLOGIE

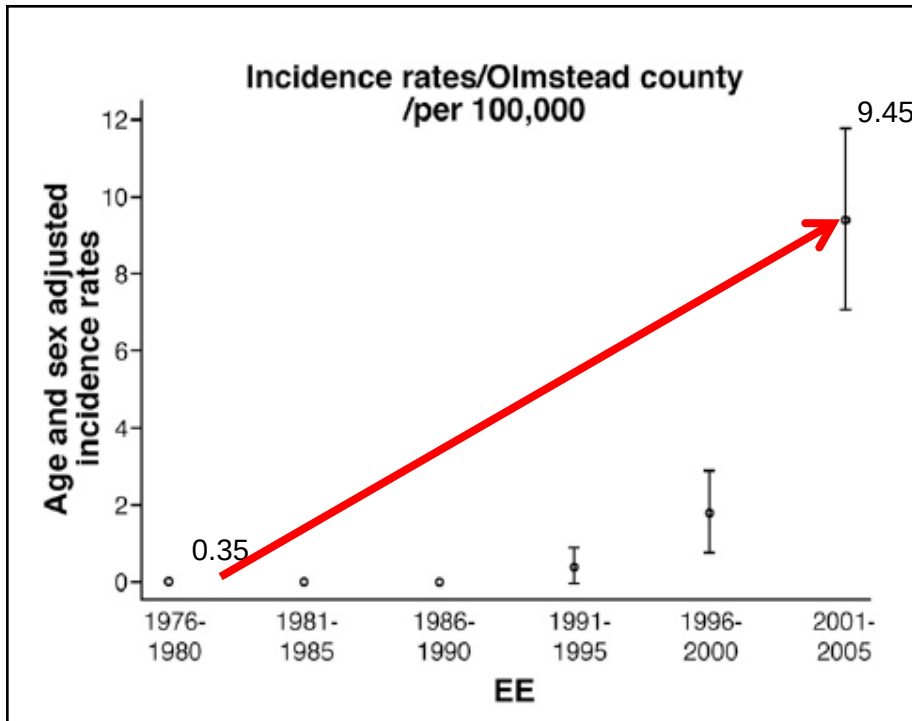
HISTOIRE NATURELLE

OPTIONS THERAPEUTIQUES

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Epidemiologie

Mayo Clinics, Rochester, USA

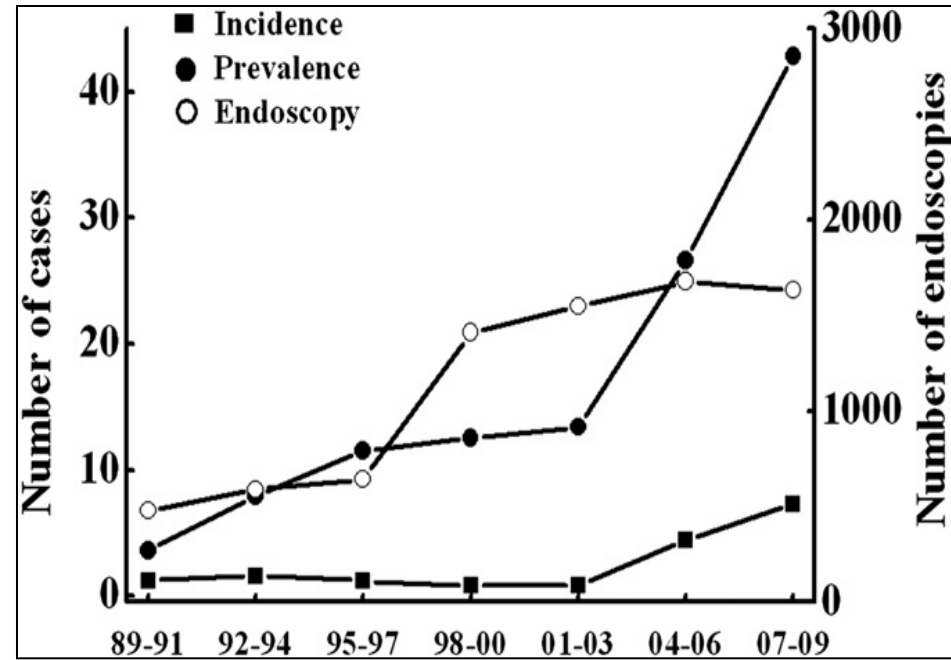


Prevalence 55/100,000 => 1/1818

Prasad G, et al. Clin Gastroenterol Hepatol 2009



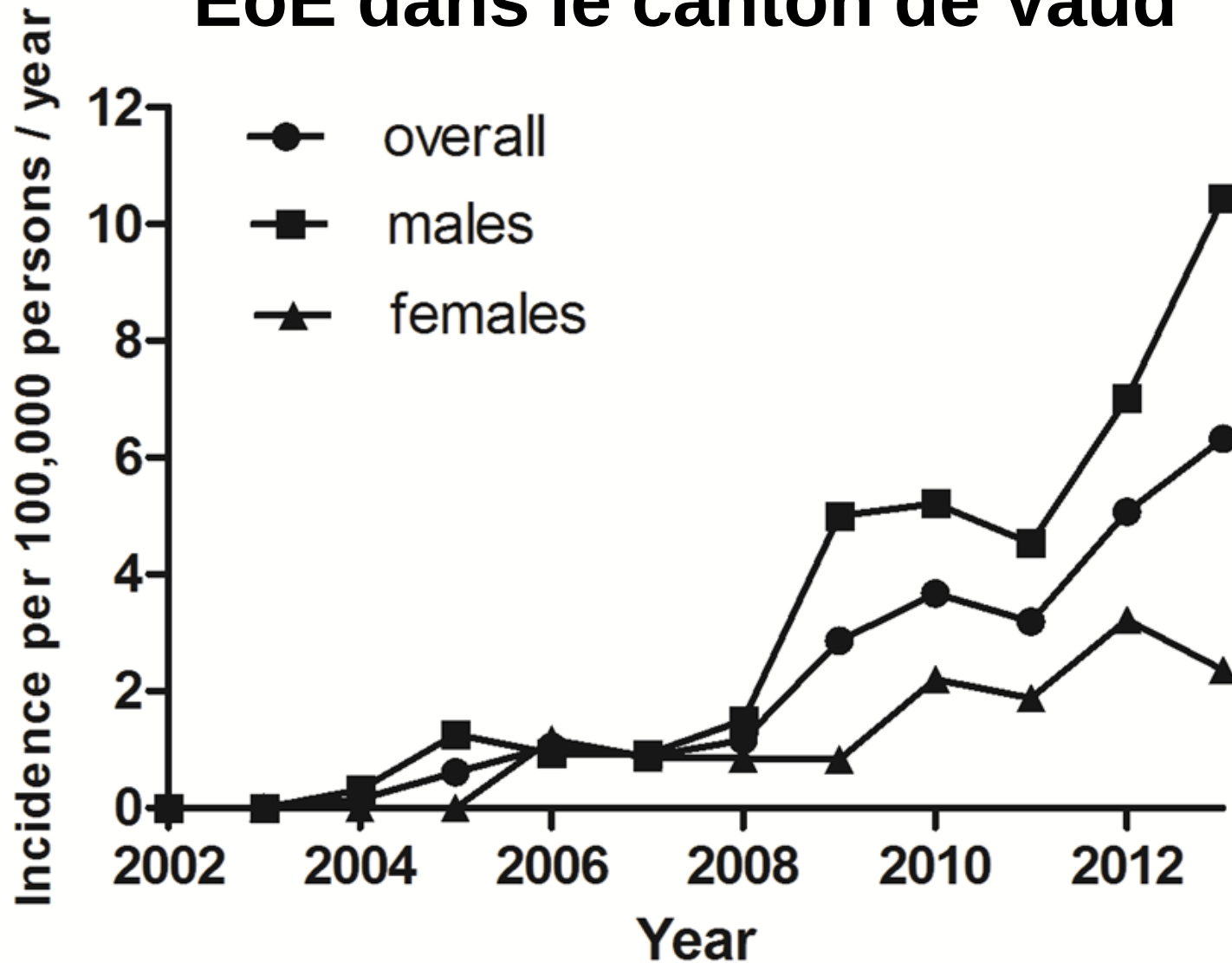
Olten County, Switzerland



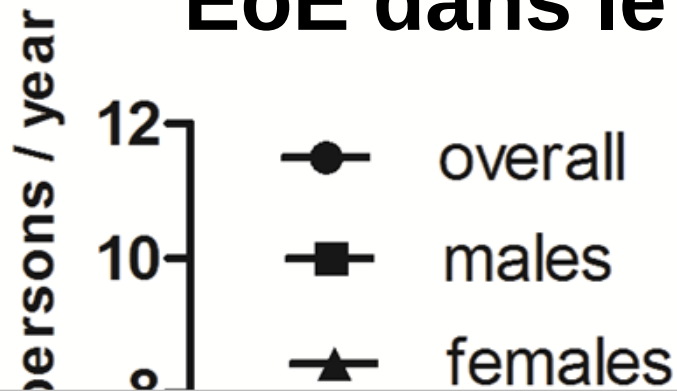
Prevalence 43/100,000 => 1/2325

Hruz P, et al. JACI 2011

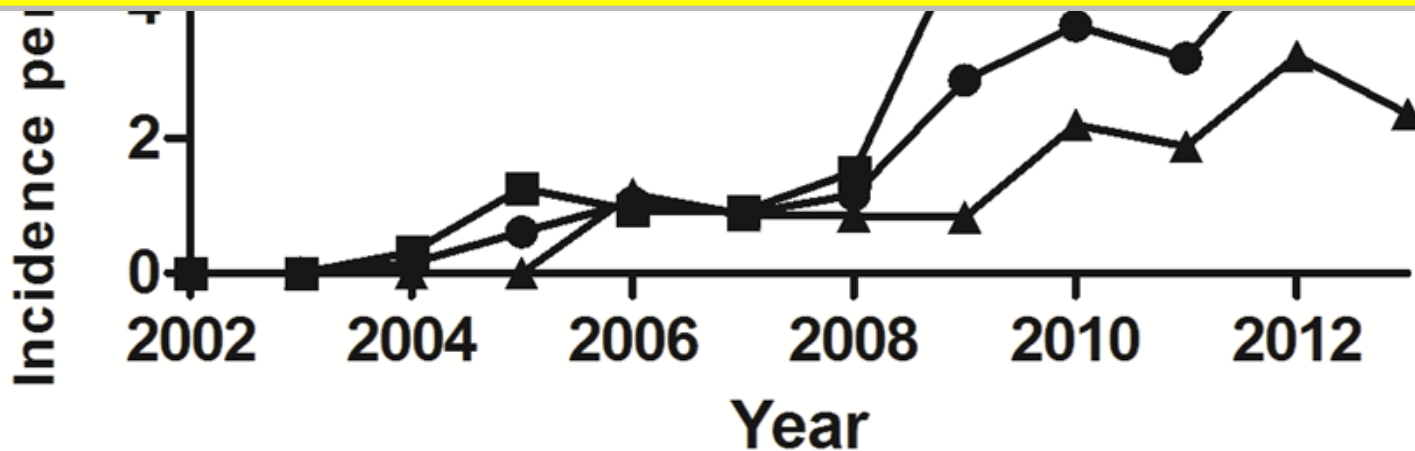
EoE dans le canton de Vaud

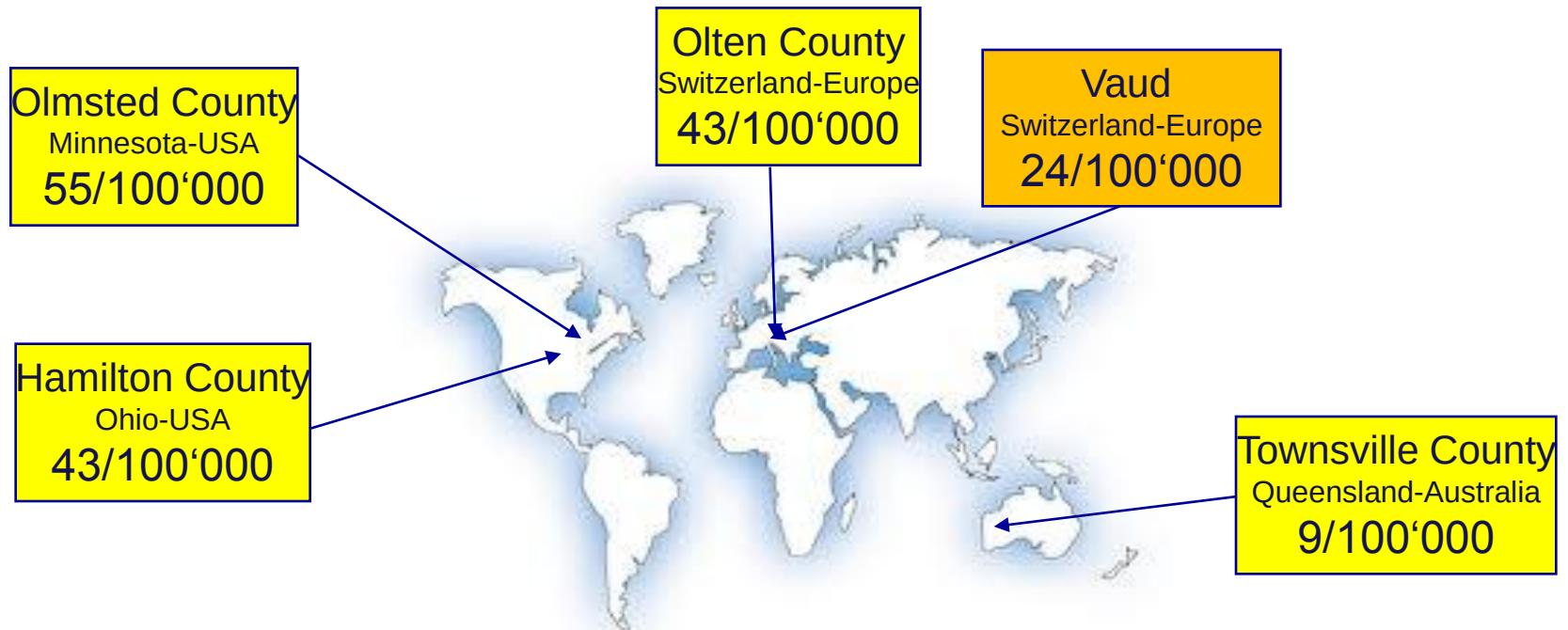


EoE dans le canton de Vaud



Prévalence dans le canton de Vaud: 1/4000



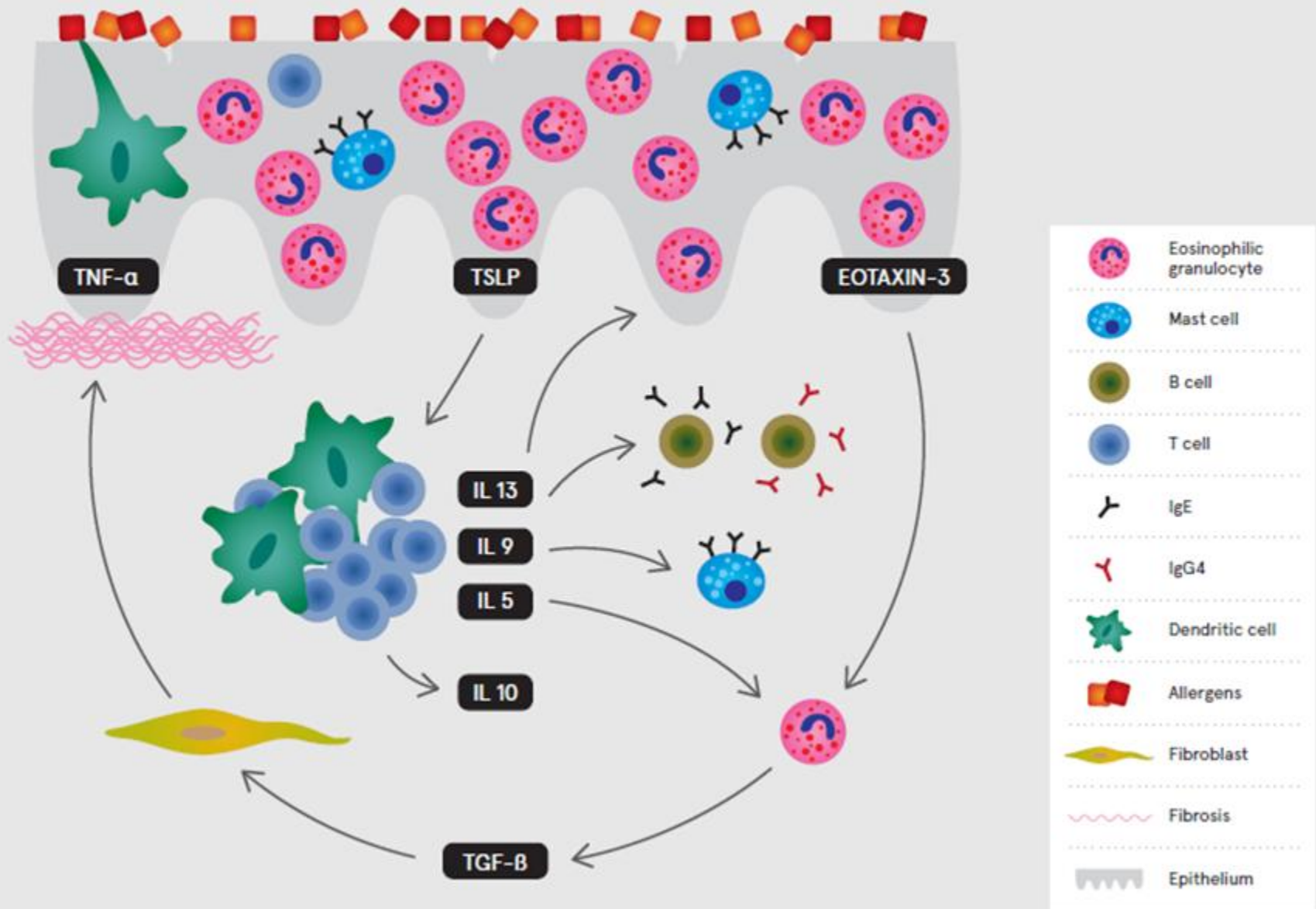


Dx de l'EoE dans tous les groupes d'âge (1 to 98 ans) ⁶

80% of pts = mâles
80% des patients ont allergies

1. Croese et al. Gastro Intest Endos 2003
2. Noel et al NEJM 2004
3. Hruz P. et al. JACI 2011
4. Cherian et al. Arch Dis Child 2006
5. Prasad et al Clin Gastroenterol Hepatol 2009
6. Kapel et al. Gastroenterology 2008
7. Giriens et al. Allergy 2015

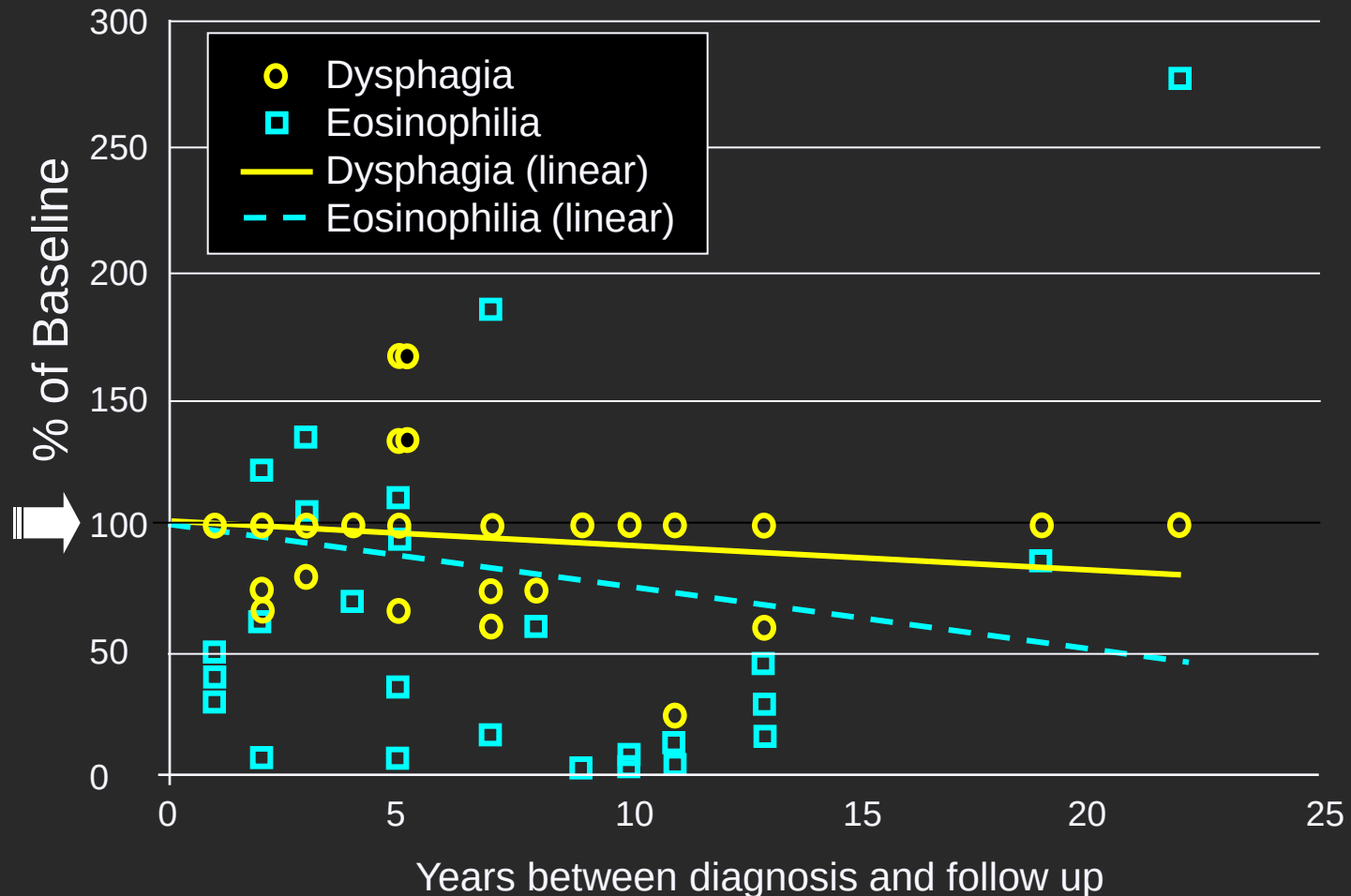
Quelle est l'histoire naturelle?



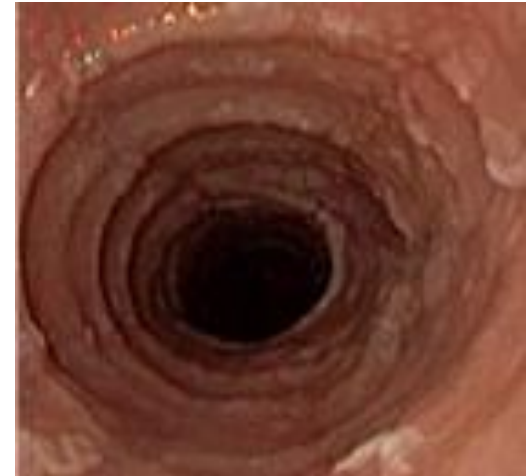
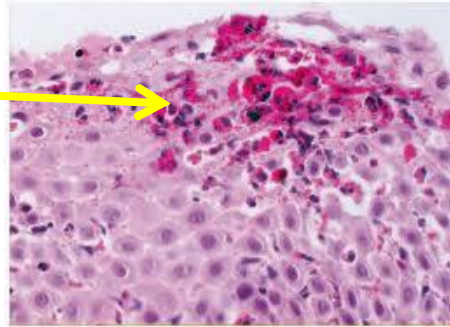
Qu'est-ce qui se passe sans thérapie?

Intensity of Dysphagia and Inflammation over Time

30 Adults followed for a mean of 7.2 years



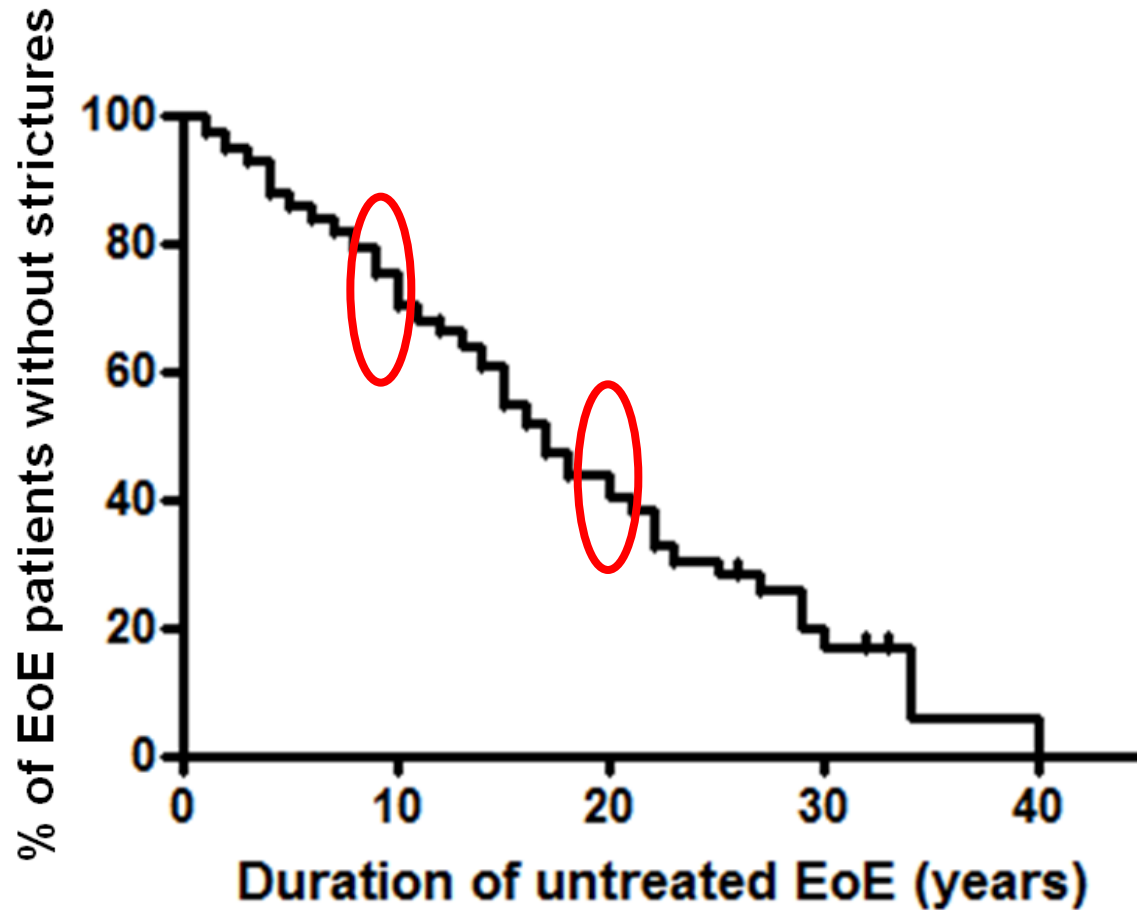
Deux extrêmes dans le spectre de l'EoE



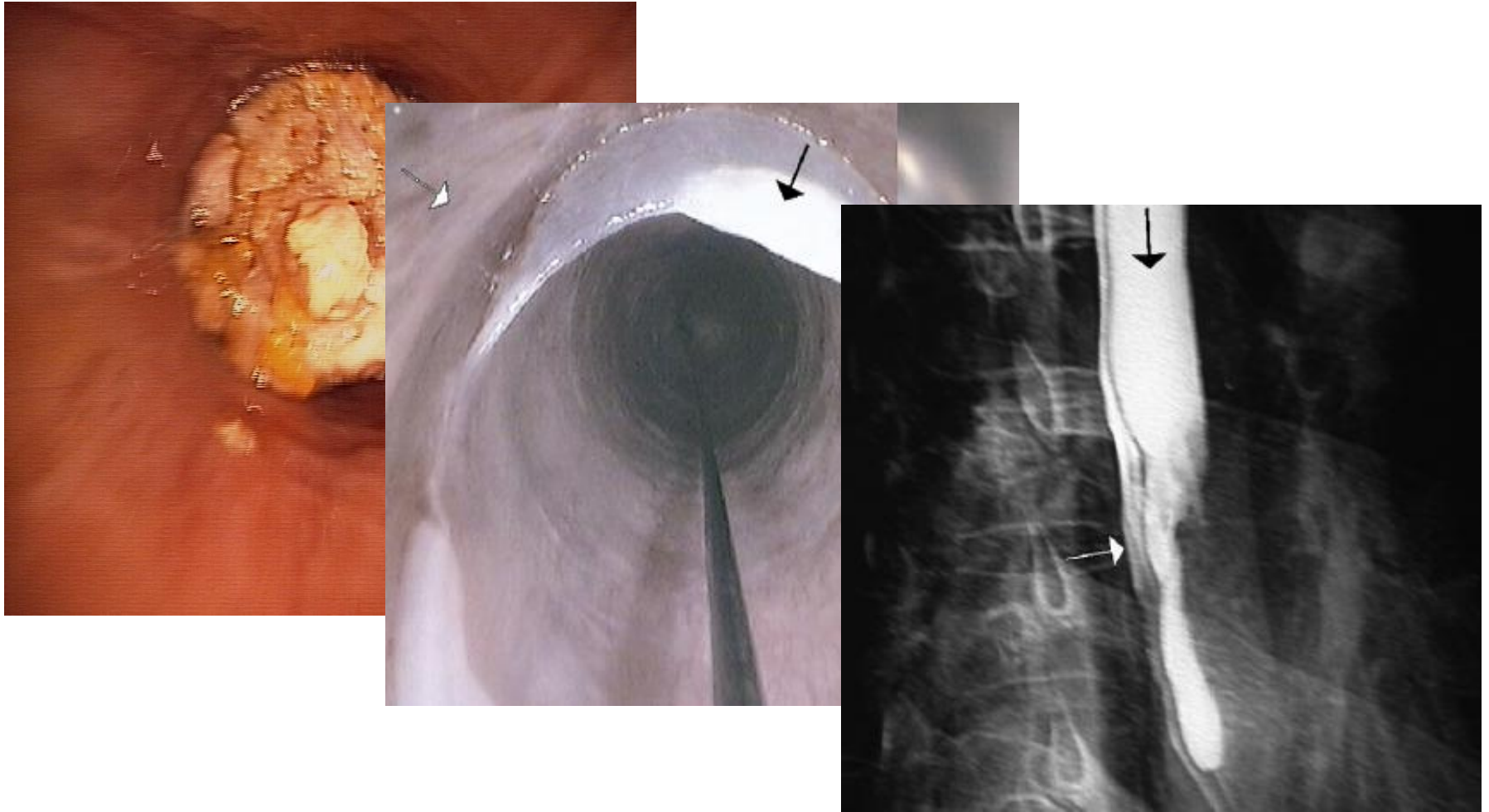
Inflammation

Cicatrices

Risque de la formation de strictures (n=200)



Conséquences de la formation des cicatrices



Conséquences de la formation des cicatrices

- base de données EoE en Suisse: env. 1'000 patients
- > 1/3 des patients avec impaction des aliments, nécessitant visite aux urgences pour endoscopie
- risque de perforation de l'œsophage:

Perforations transmural:	9/335 $\cong$ 2.7%, 9/245 $\cong$ 3.7%
- induit par vomissements:	5
- induit par endoscoie (rigide):	4

Histoire naturelle: conclusions

- **inflammation persistante => cicatrices**
 - => impaction avec des aliments**
 - => risque de perforation**
- **probablement pas de risque pour cancer de l'oesophage**

Options thérapeutiques 2016: DDD

Médicaments (**D**rugs)

- IPP
- Cortisone (comprimés, par ex. prédnisone)
- Cortisone local (par ex. sirop de budésonide, fluticasone)
- Immunomodulateurs
- Médicaments “biologiques” (par ex. Anti-IL5)

Diètes

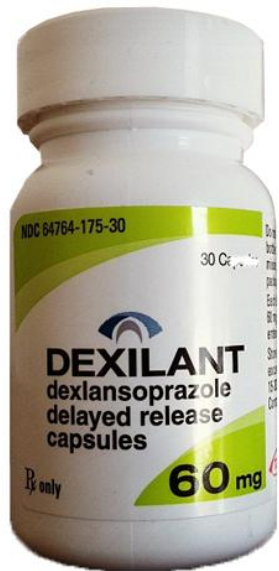
- Diète élémentaire (pas de protéines)
- Diète d'élimination (se base sur le bilan allergologique)
- Six-Food Elimination Diet

Dilatation

IPP: bloqueurs de la pompe à protons

50%

réponse clinique et
histologique



Budésonide ou fluticasone



Axotide Diskus 250

Application technique for Eosinophilic Esophagitis



1. Separate dark orange cover from disc using thumbs



2. With a screwdriver, crack the light orange container open (along the side line)



3. Take out the blister with the 60 doses of drug



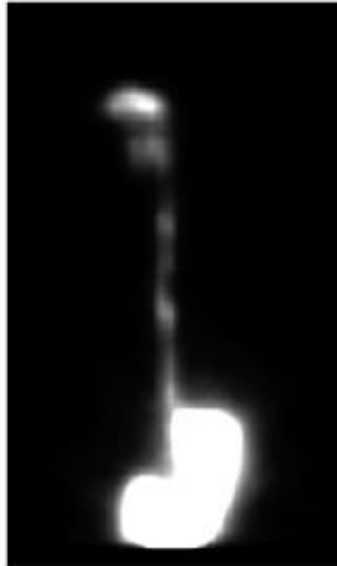
4. Peel strip back to expose powder in blister. Position opened blister over tongue and tap powder onto the tongue. Do not touch tongue to strip. Do not eat or drink for 30 minutes after dose. For young children, stand behind child, child sticks out tongue and tap powder onto tongue.

<http://www.ibdnet.ch/about-eoenet.html>

A Patient 1:



Patient 2:

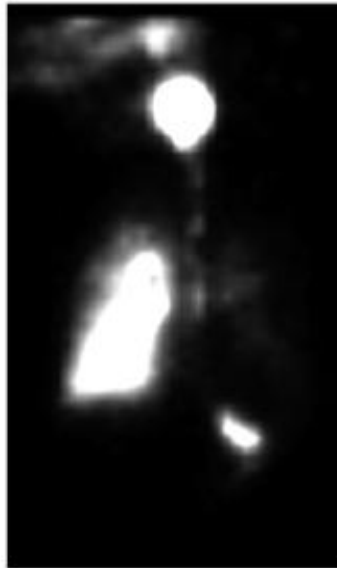


Oral viscous
budesonide
(syrup)

B Patient 3:



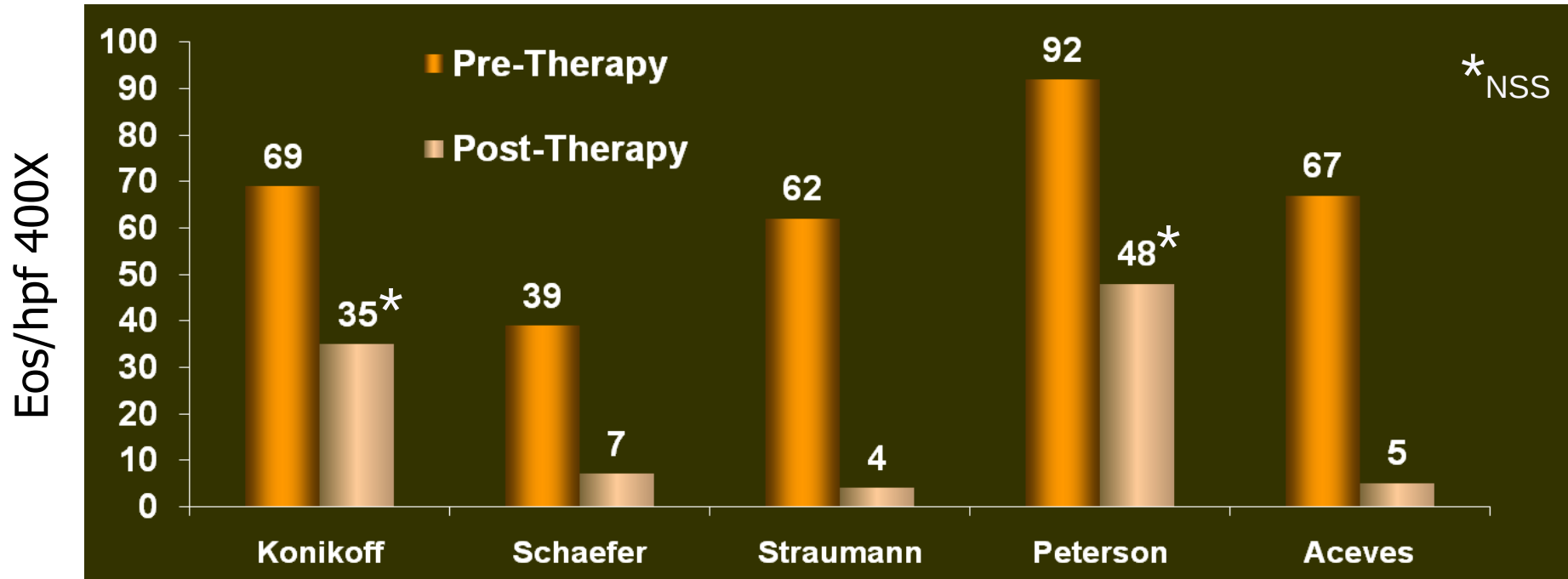
Patient 4:



Nebulized
budesonide
(spray)

Topical Corticosteroids in EoE

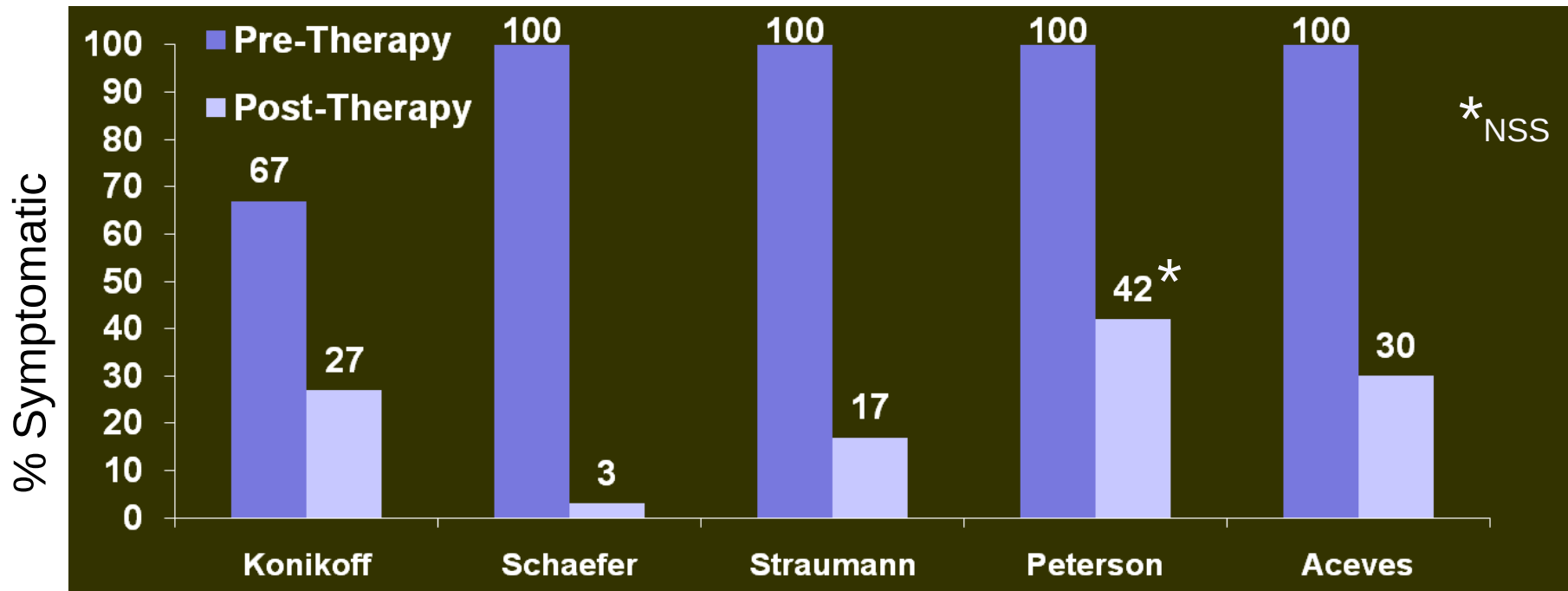
Esophageal Eosinophilia



Year	2006	2008	2008	2009	2010
Cohort	36 Peds	80 Peds	36 Adults	30 Adults	24 Peds
Tx	Fluticasone 440 mcg BID	Fluticasone 220-440 mcg QID	Budesonide 1 mg BID	Fluticasone 440 mcg BID	Budes. 1-2 mg QD
Tx Period	3 mts	4 weeks	15 days	8 weeks	3 mts
Control	Placebo	Prednisone	Placebo	Esomeprazole	Placebo

Topical Corticosteroids in EoE

Symptom Response



Year	2006	2008	2008	2009	2010
Cohort	36 Peds	80 Peds	36 Adults	30 Adults	24 Peds
Tx	Fluticasone	Fluticasone	Budesonide	Fluticasone	Budes.
	440 mcg BID	220-440 mcg QID	1 mg BID	440 mcg BID	1-2 mg QD
Tx Period	3 mts	4 weeks	15 days	8 weeks	3 mts
Control	Placebo	Prednisone	Placebo	Esomeprazole	Placebo

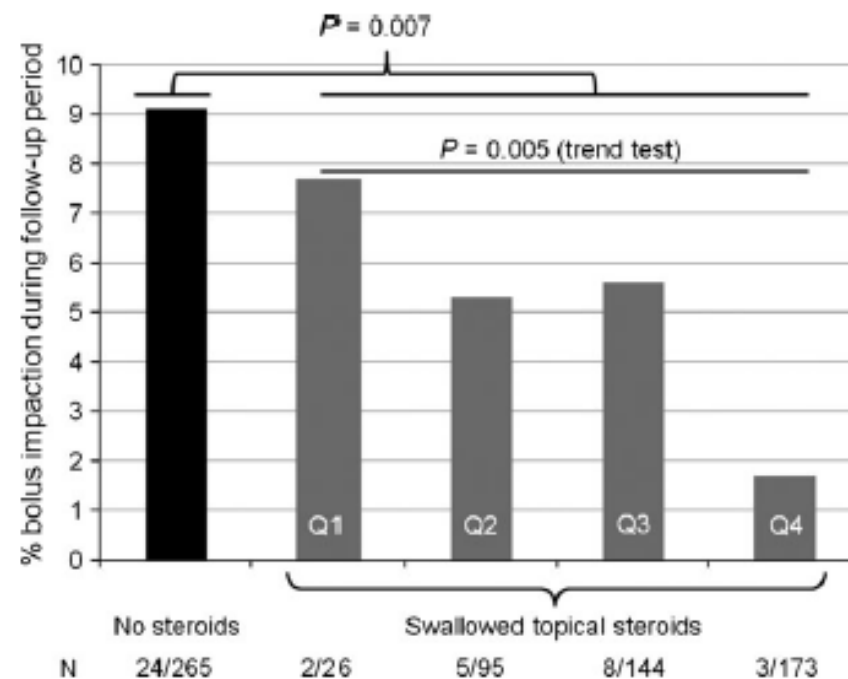
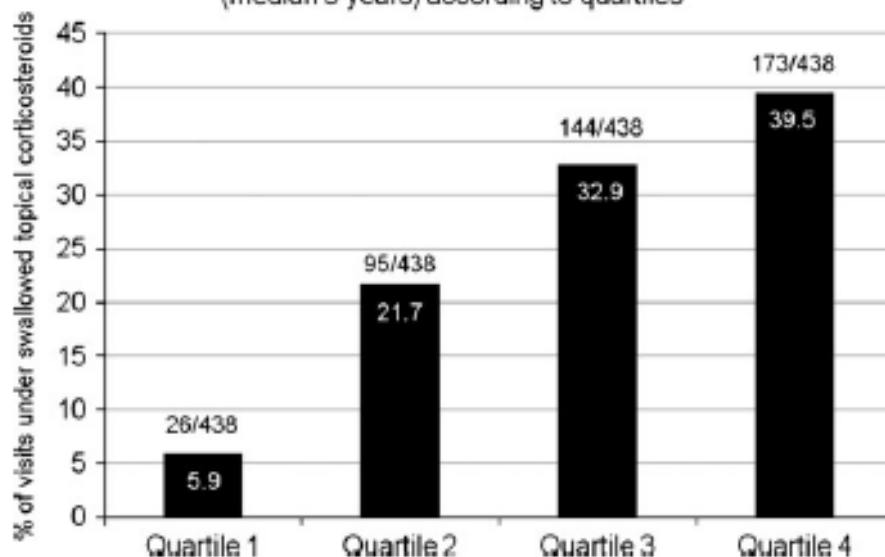
ORIGINAL ARTICLE

GASTROINTESTINAL DISEASES

Swallowed topical corticosteroids reduce the risk for long-lasting bolus impactions in eosinophilic esophagitis

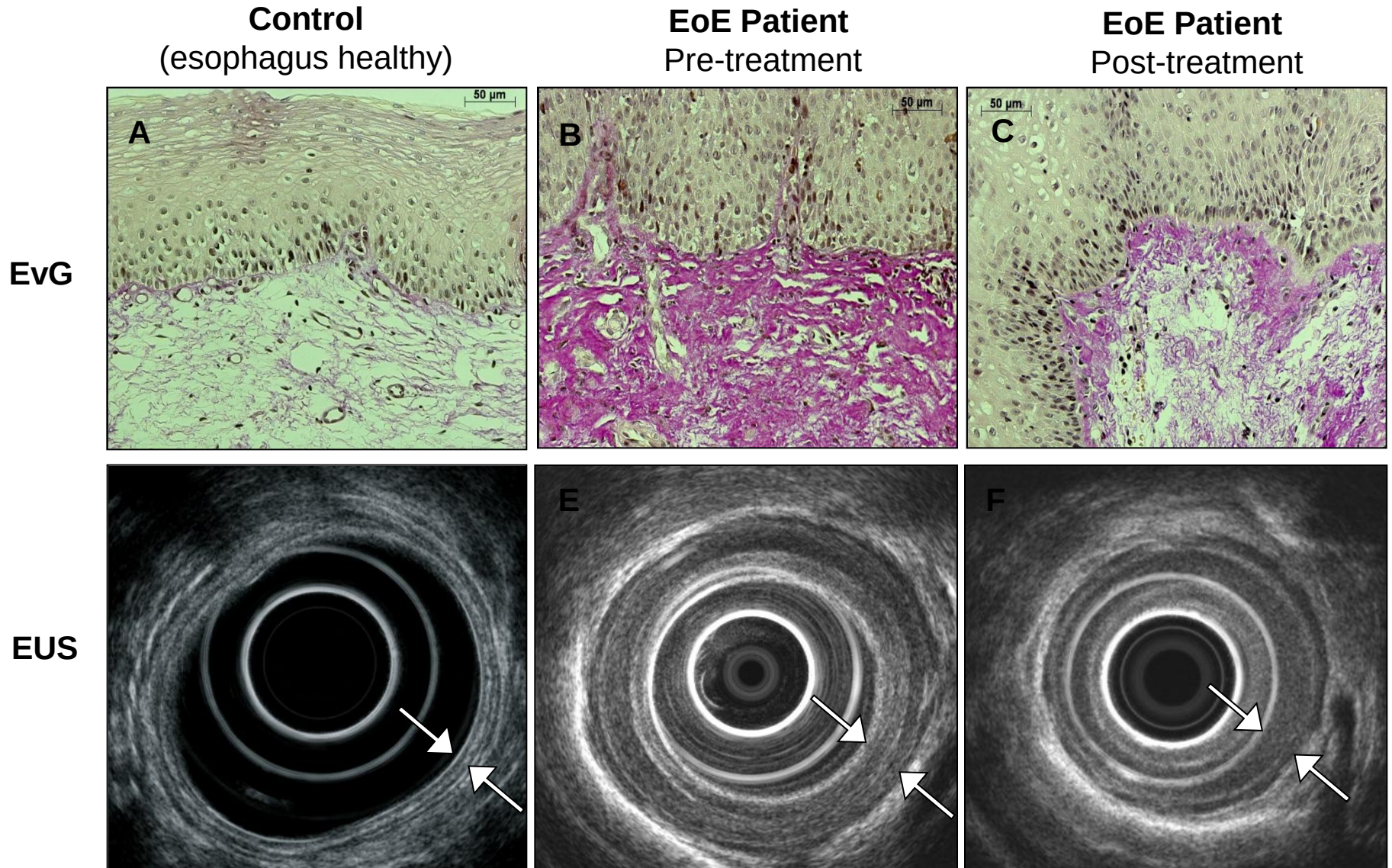
T. Kuchen^{1,*}, A. Straumann^{2,3,*}, E. Safroneeva⁴, Y. Romero^{5,6}, C. Bussmann⁷, S. Vavricka^{1,8}, P. Netzer⁹, A. Reinhard¹⁰, S. Portmann¹¹ & A. M. Schoepfer¹²

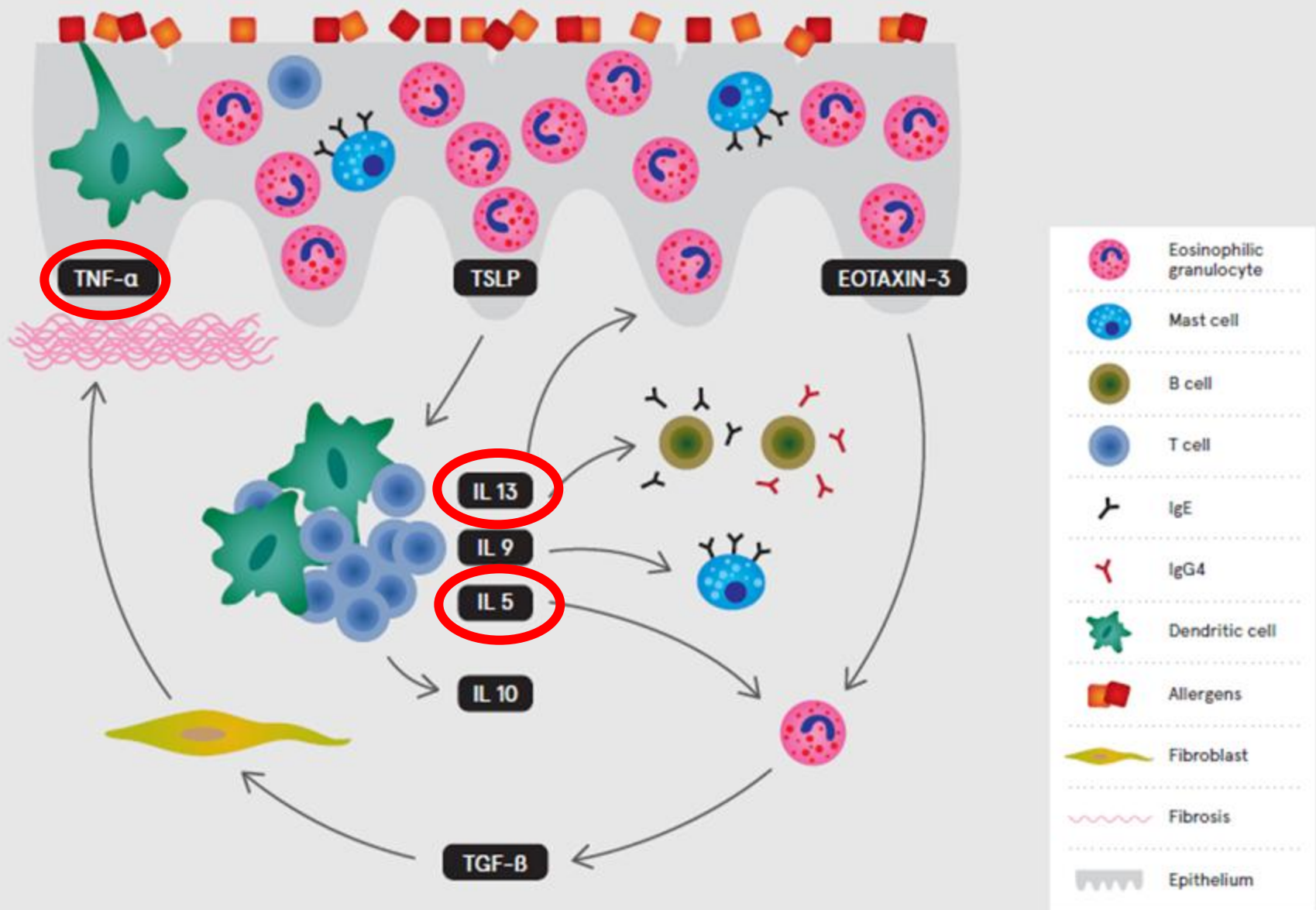
Use of swallowed topical corticosteroids during the follow-up period
(median 5 years) according to quartiles



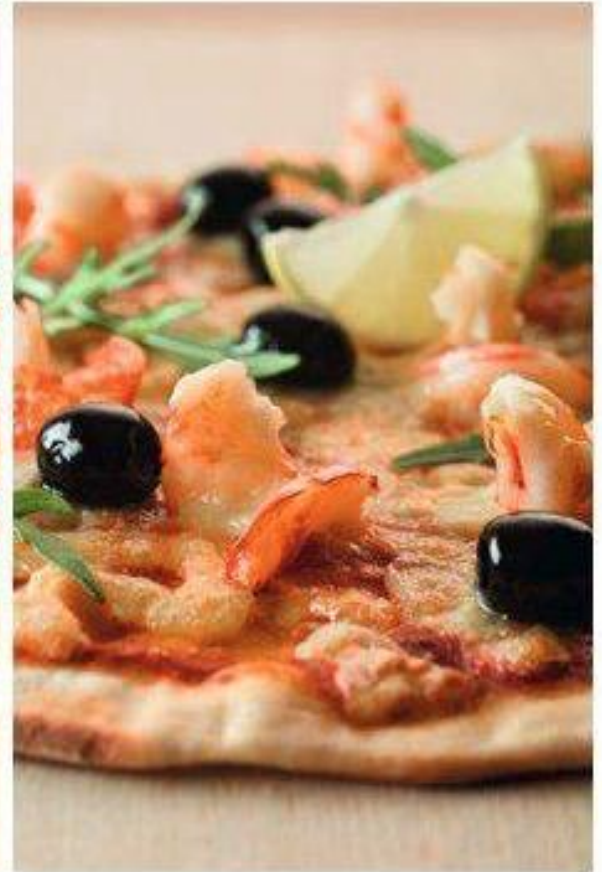
Median follow-up time 5 years

Swallowed budesonide can reduce subepithelial fibrosis





DIETES



Allergènes alimentaires

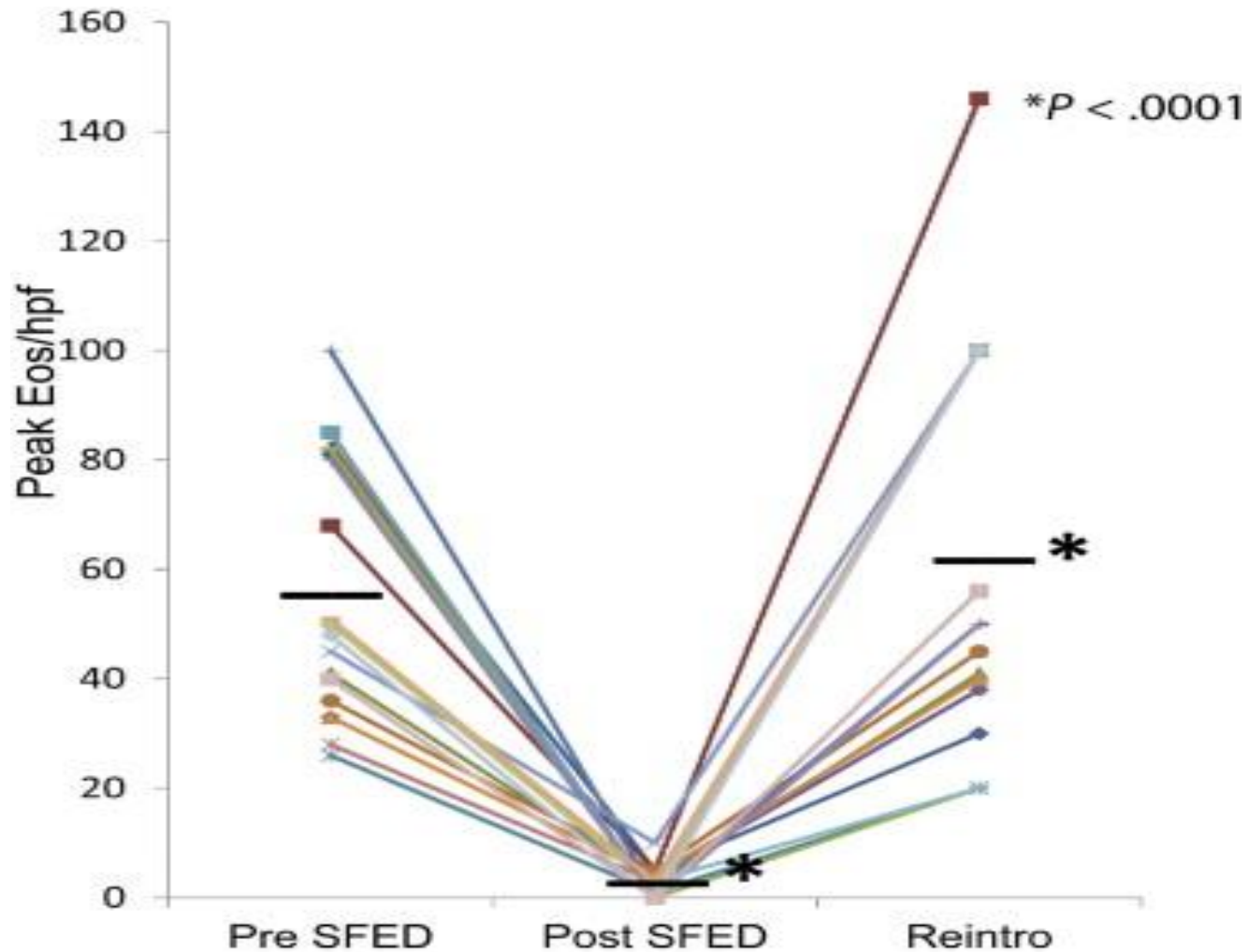
90% des allergies dans les adultes sont en lien avec

- lait de la vache
- oeufs
- soya
- cacahuètes / noix
- blé
- crustacées / poissons



Sicherer SH, et al. JACI 2006;117:470

Efficacité de la diète (6FED)



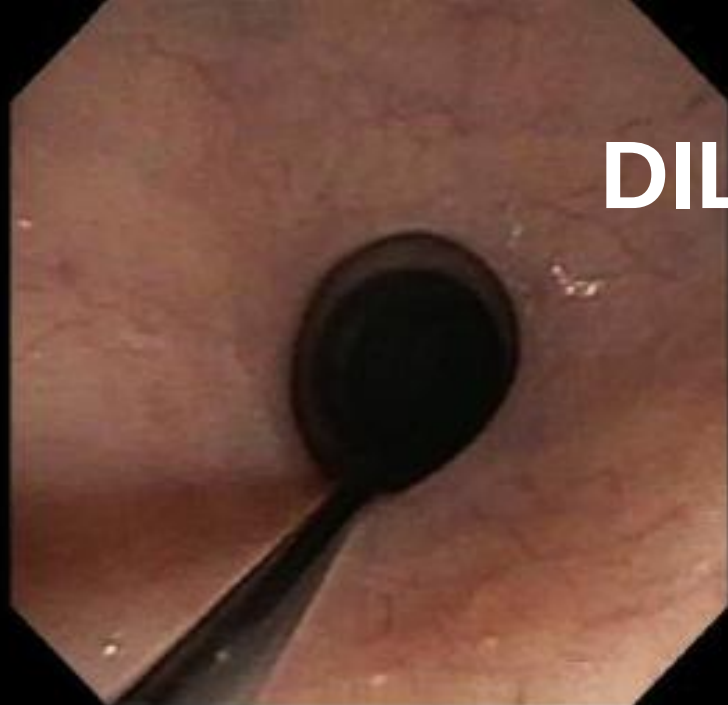
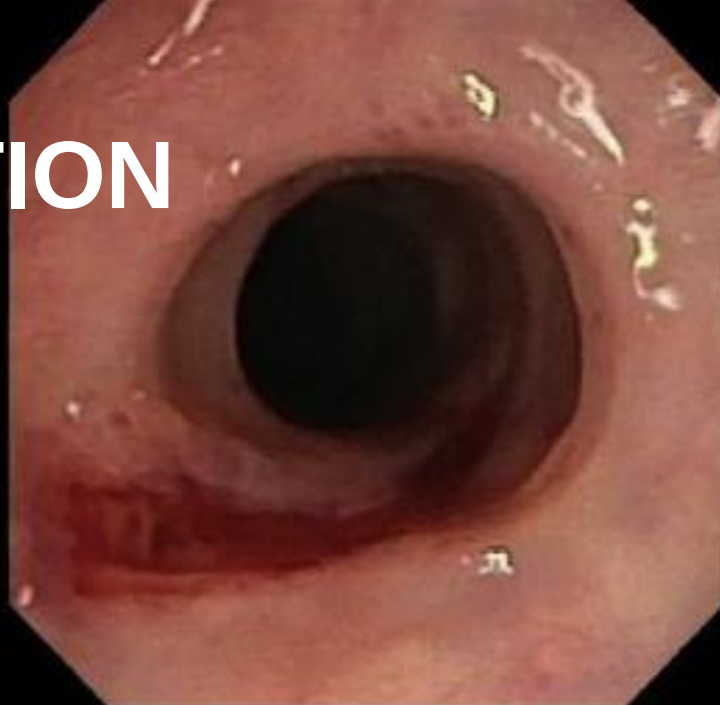
Gonsalves N, et al. Gastroenterology Volume 142, Issue 7 2012 1451 - 1459.e1

Quelle est la meilleure diète?

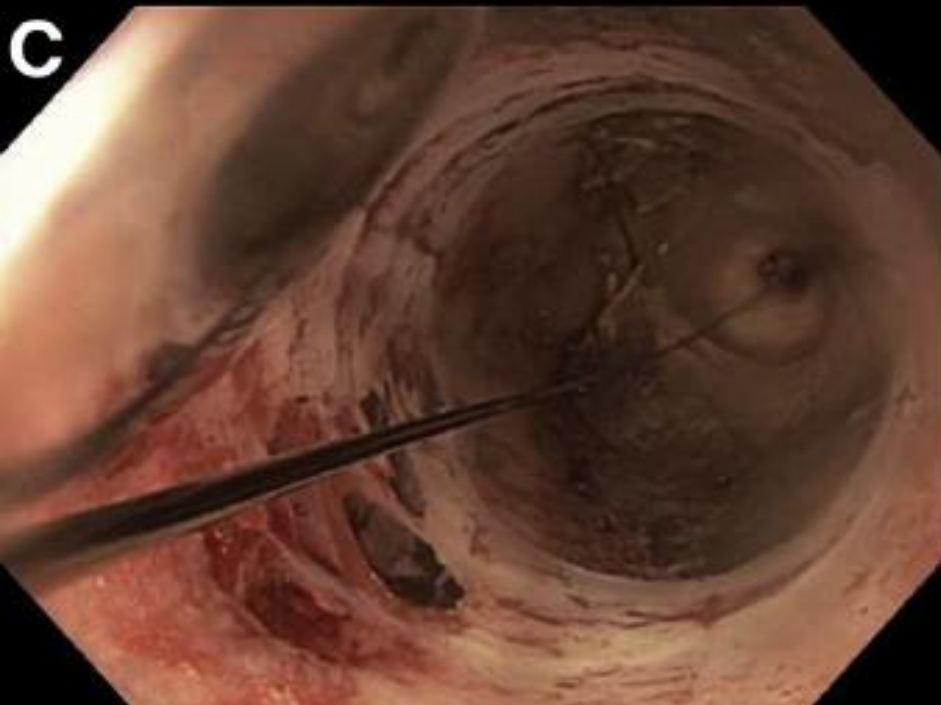
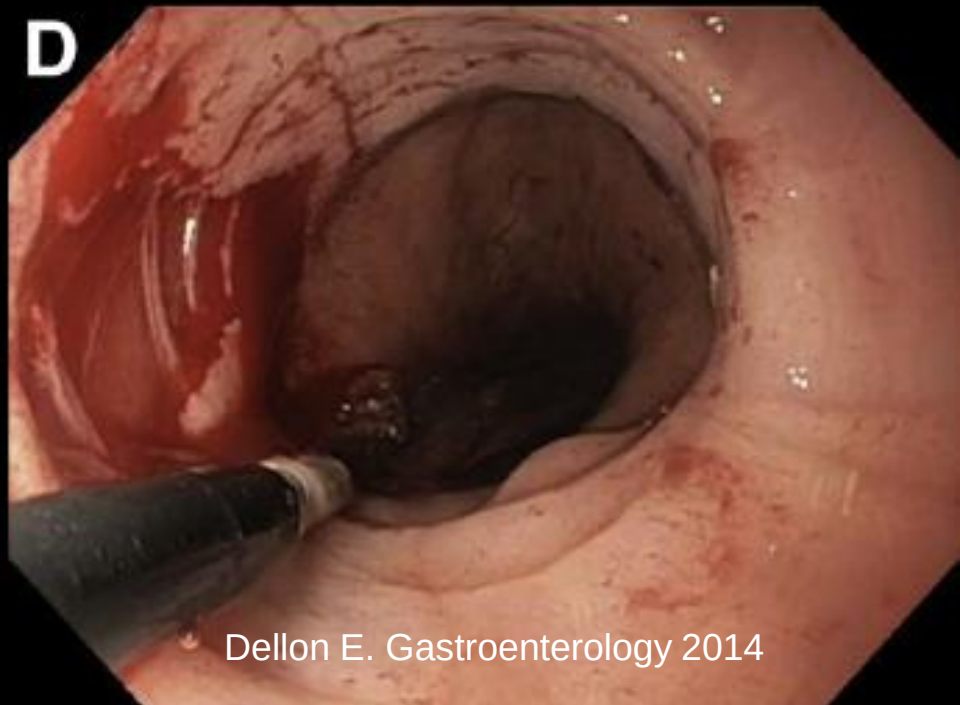
Table 2 Characteristics of the available dietary modalities for treating eosinophilic oesophagitis

Item	Type of dietary therapy		
	Elemental diet	Targeted elimination diet	Empirical elimination diet
Clinicopathological success rate	>80%	Children 50–70% Adults 20–30%	50–70%
Number of eliminated foods	All food groups eliminated	Typically <6 foods eliminated	≤6 foods eliminated
Common food triggers identified	Not applicable	Milk, wheat, egg, soy	Milk, wheat, egg
Number of endoscopies required	Multiple (one endoscopy per reintroduced food group)	Multiple (one endoscopy per reintroduced food group)	Multiple (one endoscopy per reintroduced food group)
Drawbacks	Costly May require feeding tube May impact QoL	May impact QoL	May impact QoL

QoL, quality of life.

A**B**

DILATATION

C**D**

Dilatation oesophagienne

Avantages	Désavantages
Bonne réponse clinique	N'influence pas l'inflammation sous-jacente
Sécuré	Douleurs thoraciques temporaires possible
Bonne acceptance par patients	Complications endoscopiques possibles

Dilation for everyone?



Inflammatory



Strictureing

Anti-inflammatory medication

Elimination diets

Dilation

Avantages / limitations des différentes thérapies

Thérapie	Avantages	limitations
médicaments - stéroïdes - thérapies biologiques	• efficacité • pas de diète nécessaire • effet contre la fibrose • bon profil de sécurité	• pas de médicaments sur le marché jusqu'ici • effets secondaires en long terme pas connus • frais, efficacité limité
Diètes	• pas de médicament • efficace • agit contre la fibrose	• demande une bonne motivation • nécessité de subir jusqu'à 10 endoscopies
Dilatation	• amélioration clinique durable	• n'influence pas l'inflammation sous-jacente • douleurs temporaires après dilatation

Messages clefs

- inflammation persistante => cicatrices
- cicatrices de l'oesophage => facteur de risque pour impactions avec des aliments
- impaction des aliments => rupture de l'oesophage possible
- but: éviter les impactions
- médicaments («sirop magique»), diètes, dilatations

Merci bien!



Therapeutic principles in EoE in 2016

