

EGID Pathogenesis

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**EoE:
A Clinicopathological
Diagnosis**

Differential Diagnosis of Esophageal Eosinophils

- Gastroesophageal Reflux Disease
- Eosinophilic esophagitis
- Eosinophilic gastroenteritis with esophageal involvement
- Hypereosinophilic syndrome
- Parasitic infection
- Drug allergy
- Connective tissue disorder (scleroderma)
- ?Celiac with esophageal eosinophilia

2011 Consensus Recommendations

Eosinophilic esophagitis: Updated consensus recommendations for children and adults

Chris A. Liacouras, MD, Glenn T. Furuta, MD, Ikuo Hirano, MD, Dan Atkins, MD, Stephen E. Attwood, MD, FRCS, FRCSI, MCh, Peter A. Bonis, MD, A. Wesley Burks, MD, Mirna Chehade, MD, Margaret H. Collins, MD, Evan S. Dellon, MD, MPH,

Conceptual definition

Eosinophilic esophagitis represents a chronic, immune/antigen-mediated esophageal disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation.

Eosinophilic esophagitis: Updated consensus recommendations for children and adults

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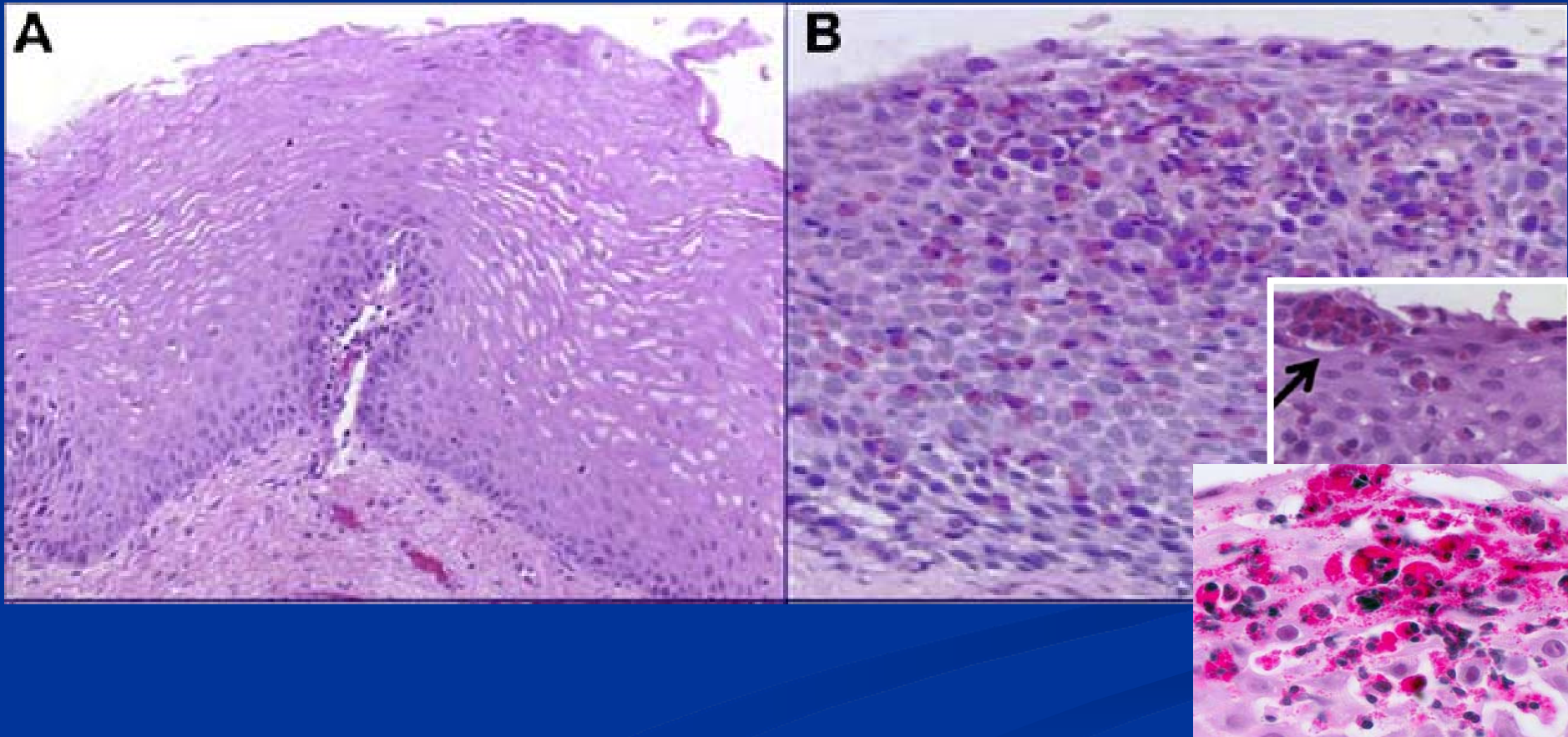
Diagnostic guideline

EoE is a clinicopathologic disease. Clinically, EoE is characterized by symptoms related to esophageal dysfunction. Pathologically, 1 or more biopsy specimens must show eosinophil-predominant inflammation. With few exceptions, 15 eosinophils/hpf (peak value) is considered a minimum threshold for a diagnosis of EoE. The disease is isolated to the esophagus, and other causes of esophageal eosinophilia should be excluded,

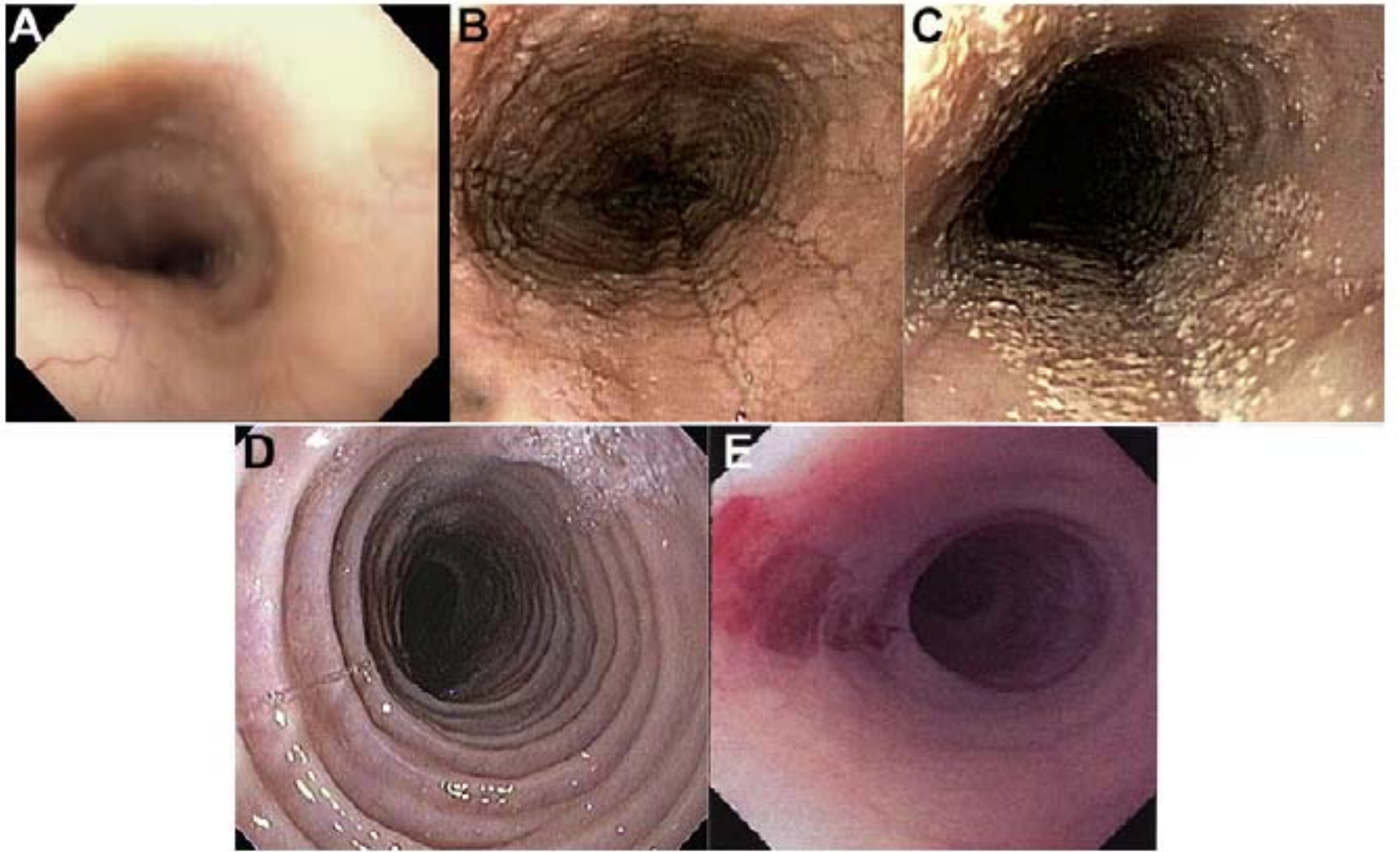
Histologic Features

>15 eosinophils per hpf
Eosinophil Degranulation
Basal Zone Hyperplasia
Dilated Intercellular Spaces

Histologic Features

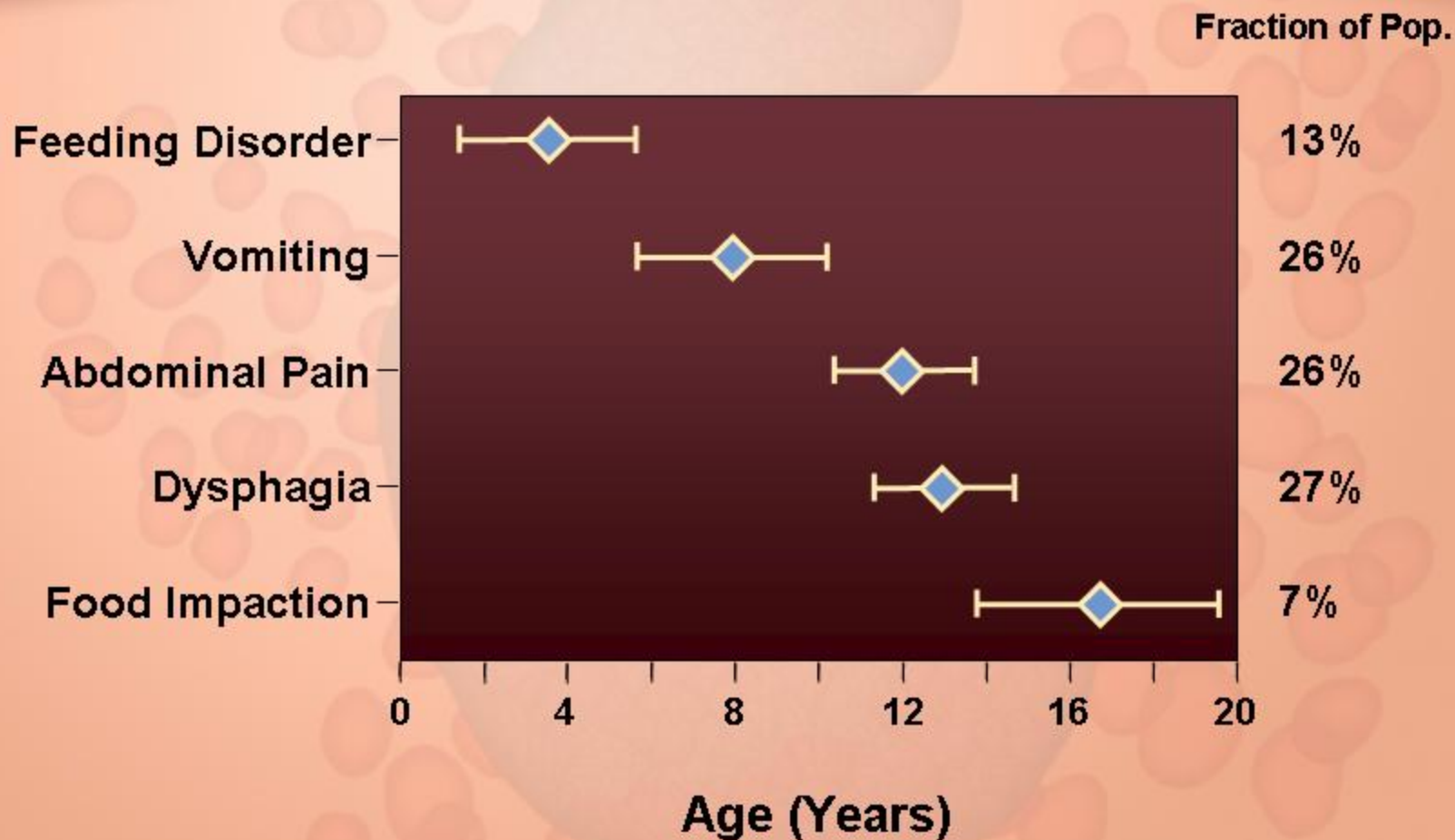


Endoscopic Features



Symptoms and Clinical Features

EoE Presentation by Age

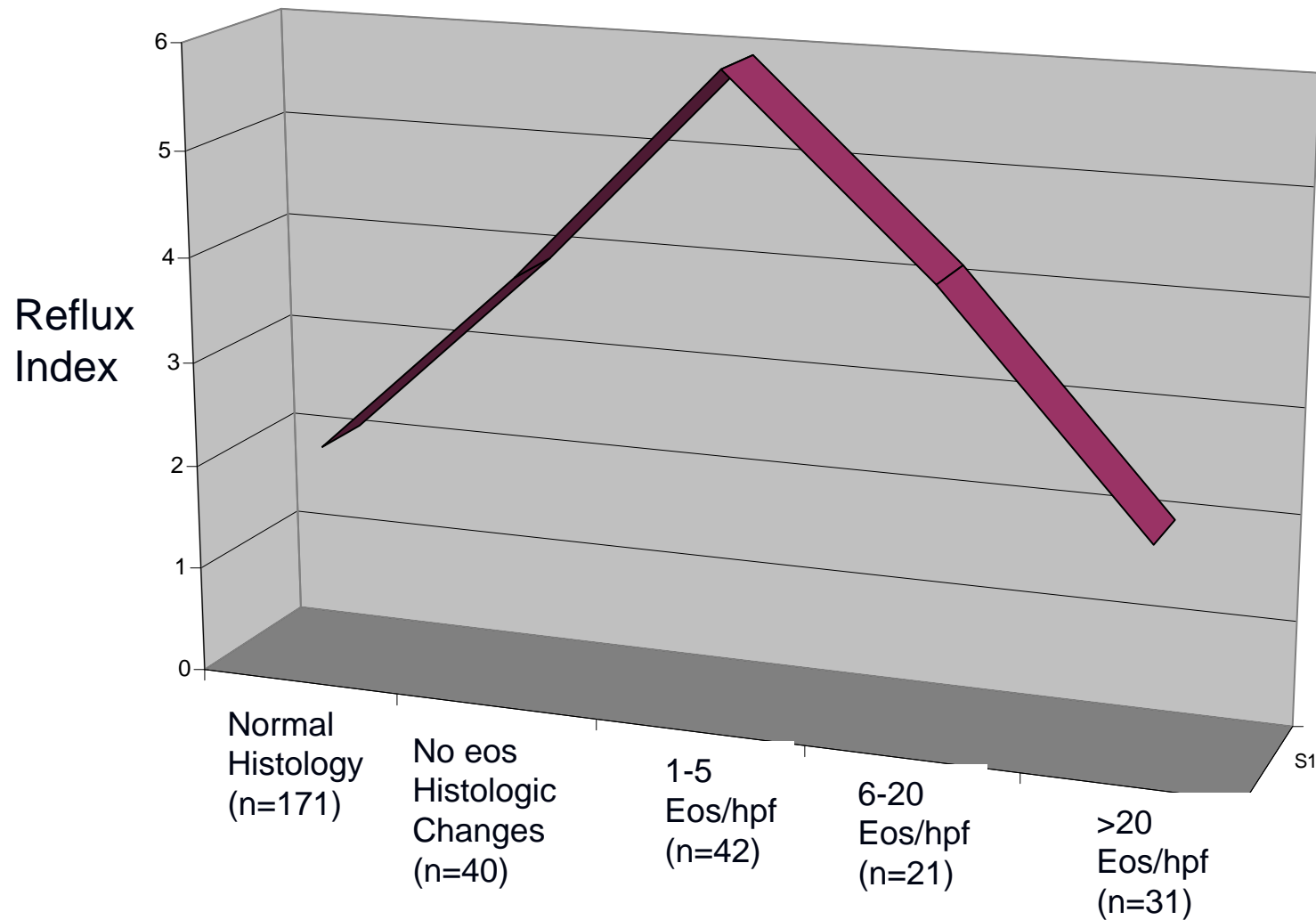


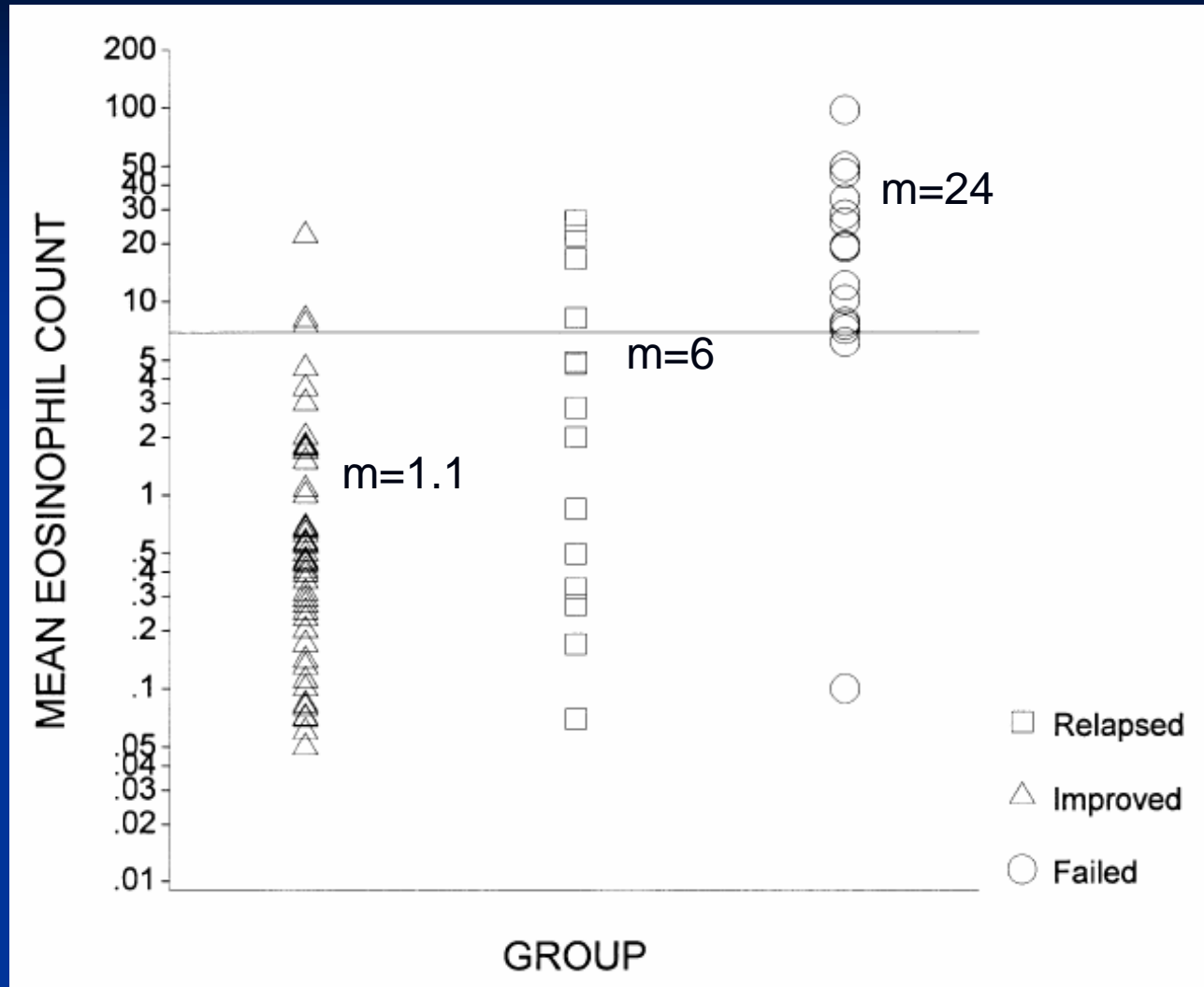
Pathogenesis: Triggers for Eosinophilia

- Acid
- Aeroallergens

Acid Driven Eosinophilia

Reflux Index To Eosinophilia





Eosinophils and GERD

	Patient 1	Patient 2	Patient 3
Age (yr)/sex	14/M	25/M	13/F
Presentation	Pain	Food impaction	Dysphagia
Environmental Allergies	Yes	Yes	No
Treatment	Omeprazole 10 mg BID	Omeprazole 20 mg BID	Omeprazole 20 mg QD
Eosinophils/hpf			
Before treatment	37	21	59
After treatment	1	3	0

PPI Responsive Esophageal Eosinophilia

■ Adult patients

An emerging body of literature and clinical experience describes a subset of patients whose symptoms and histopathologic findings are responsive to PPI treatment and who might or might not have well-documented GERD. Until more is known regarding this subgroup of patients, these patients should be given diagnoses of PPI-responsive esophageal eosinophilia. Future studies should be performed to determine whether PPIs help to diminish an immune/antigen-driven response, as is known to occur in patients with EoE.

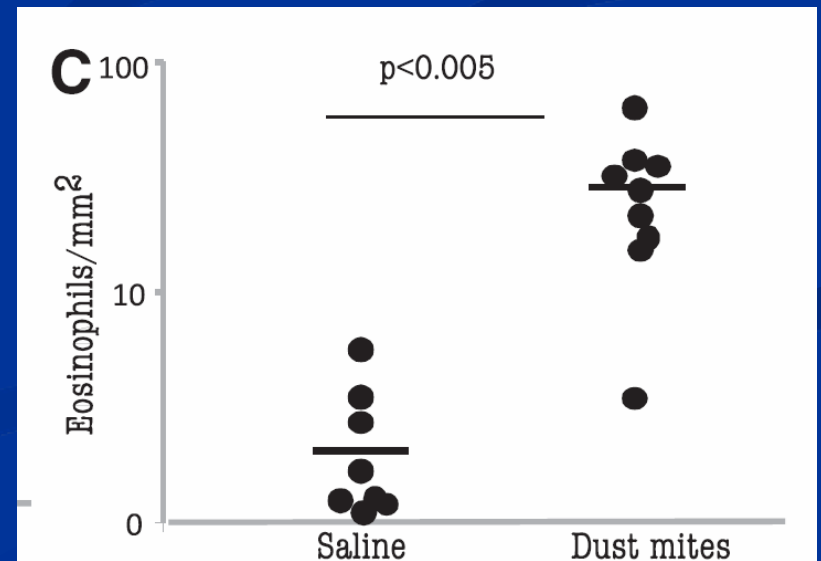
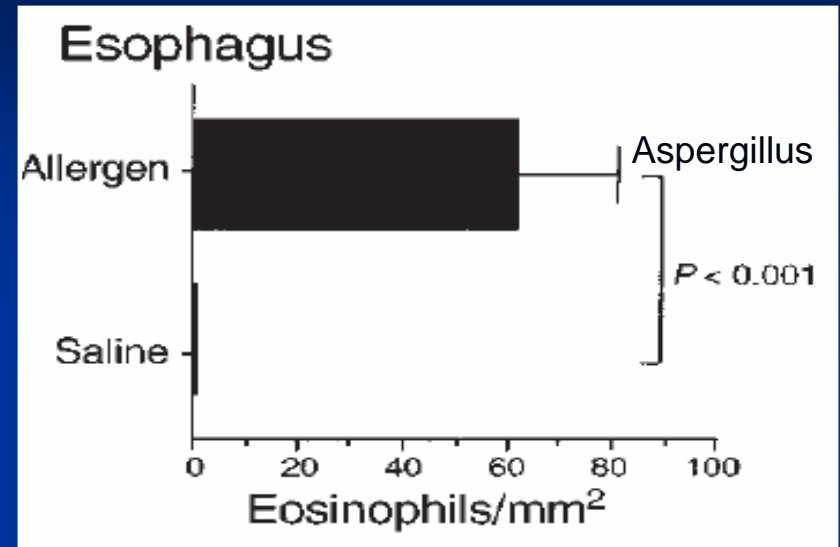
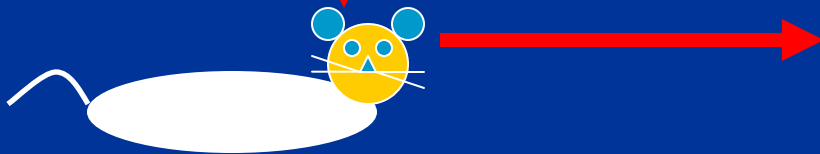
- Eosinophils >15 per hpf
- 40% Responded to PPI

Triggers: Aeroallergens

- Animal Models
- Human Disease

Aerollergens and EoE: Causal Link

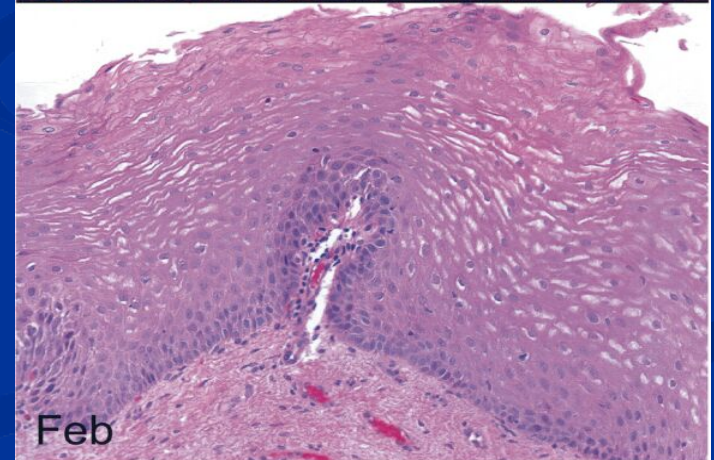
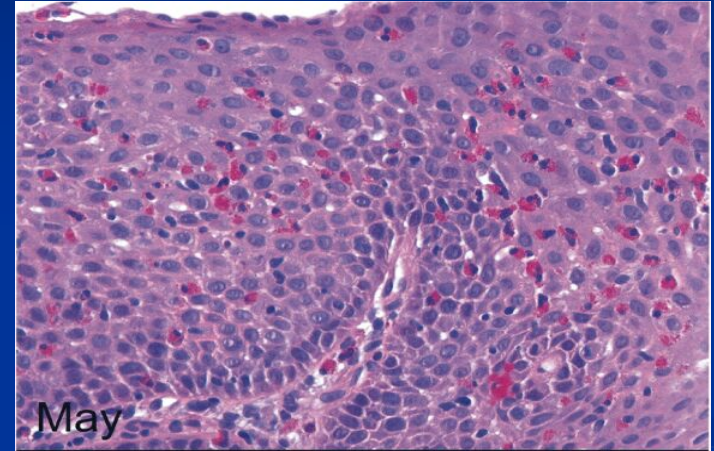
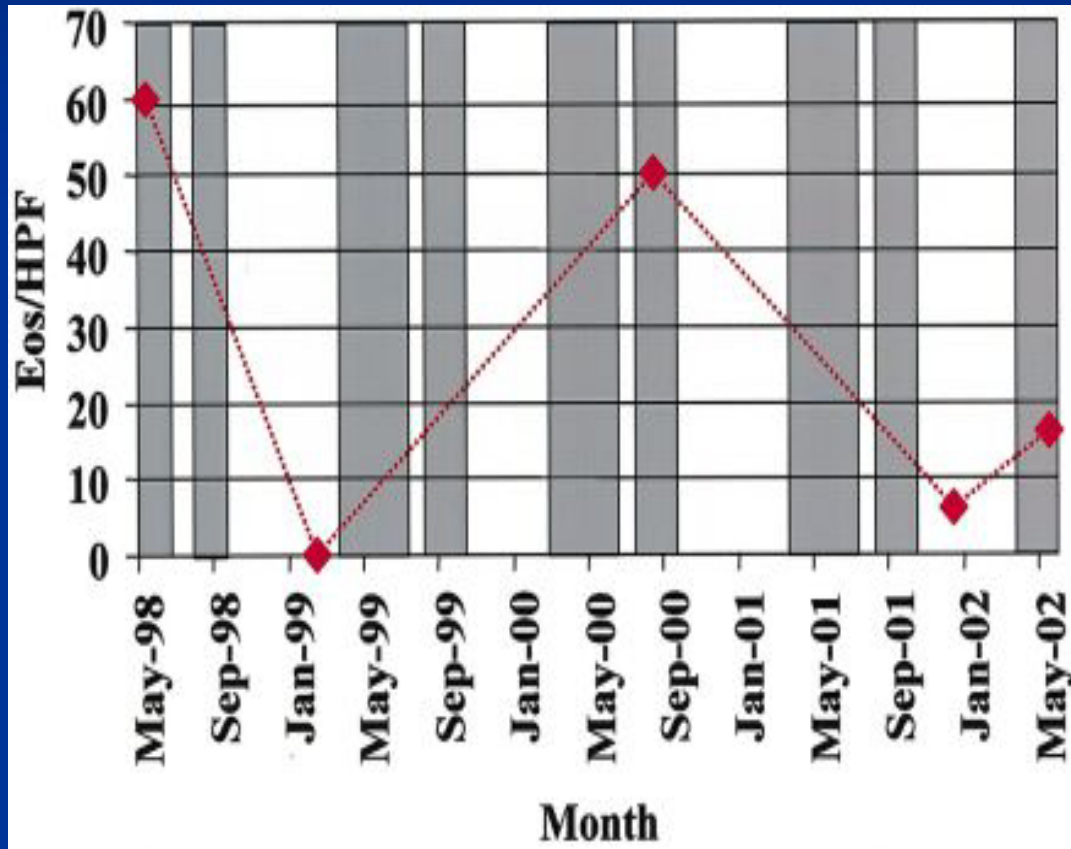
- Instillation of:
- Intranasal Aspergillus
- Intranasal HDM
- Intranasal Cockroach
- Drives Murine EoE



Pollen Driven Eosinophilia

Characteristic	Allergy	GERD	Normal
Any Esophageal Eos	10/38	5/24	0/25
Proximal Eos			
Num Pts	6	4	
Num Eos	5 +/- 7	2 +/- 1.7	
Range	1-20	1-4	
Distal Eos			
Num Pts	9	3	
Num Eos	3 +/- 4	8 +/- 6	
Range	1-12	3-14	

Pollens and EoE: Causal Link



Seasonal EoE?

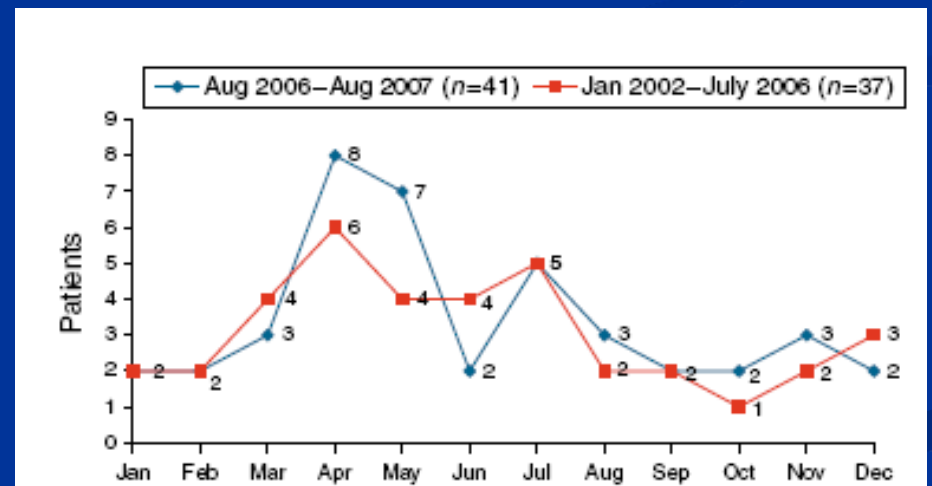
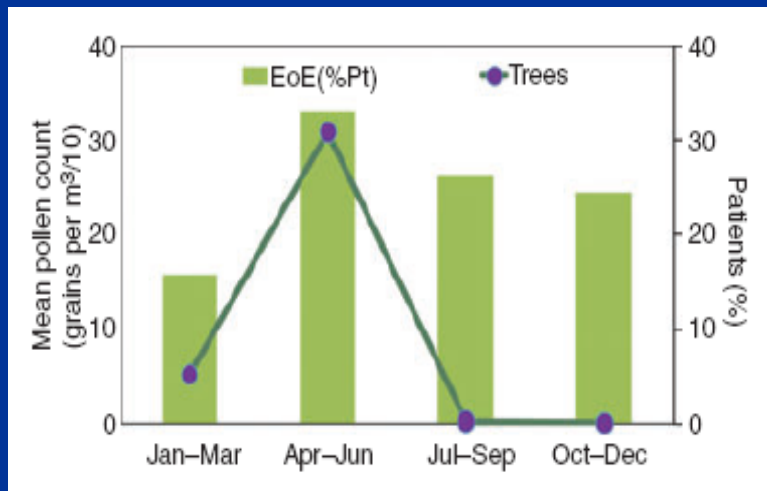
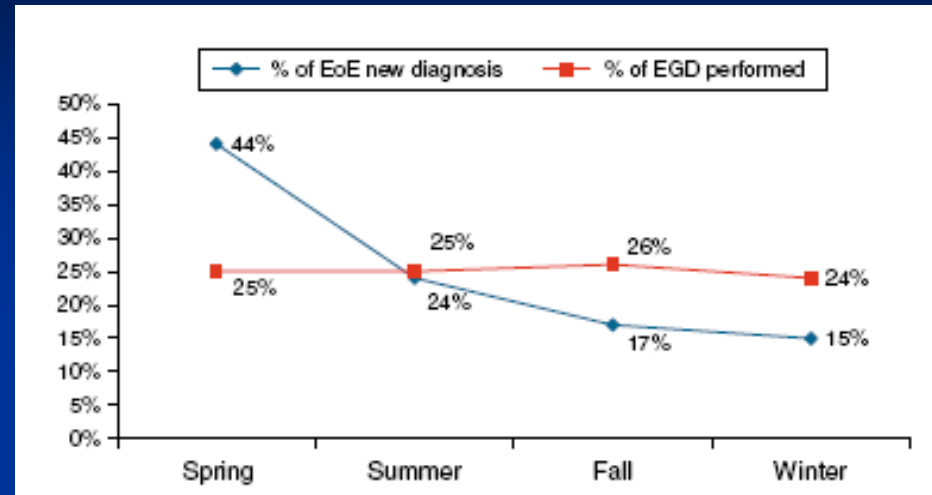
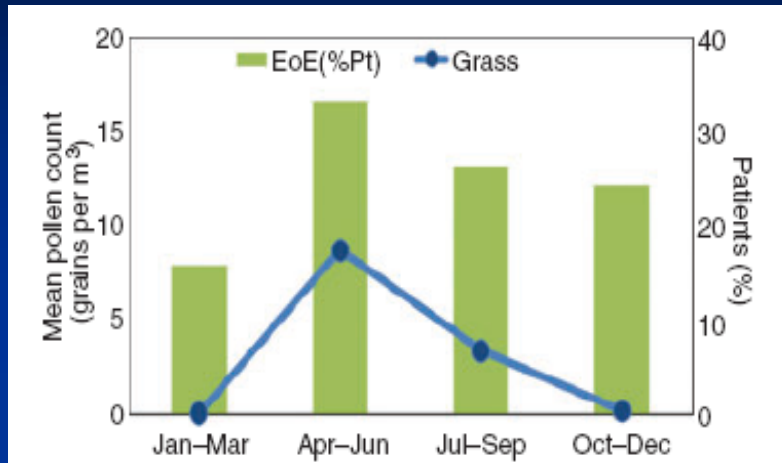
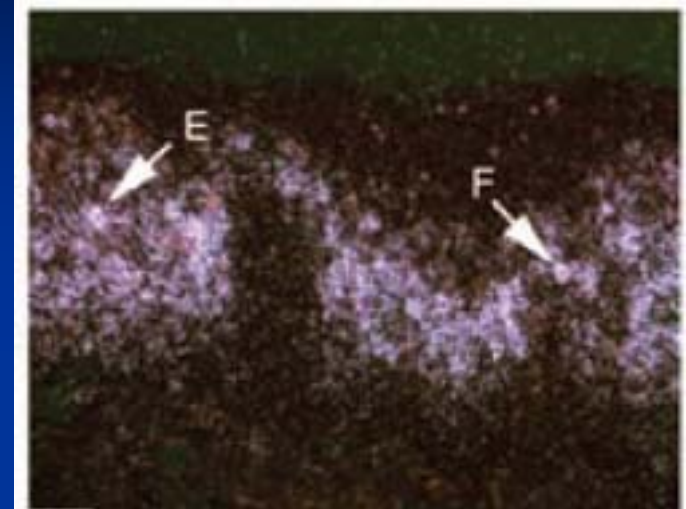
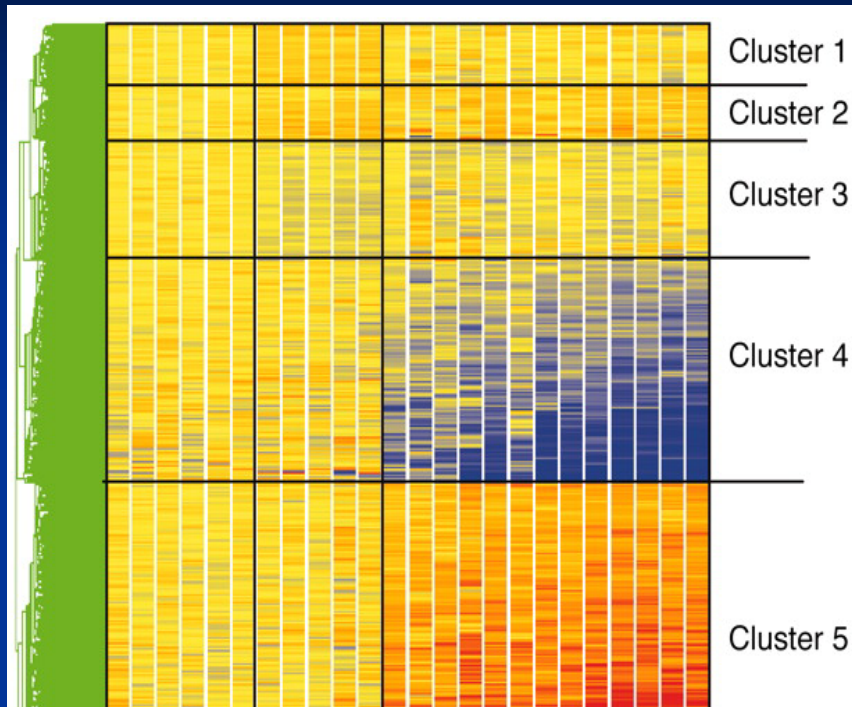


Figure 3. Newly diagnosed cases of eosinophilic esophagitis (EoE) during two distinct periods of time.

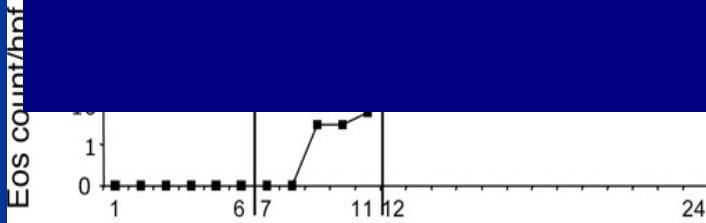
Recruiting Eosinophils to the Esophagus

- Chemokines
- Interleukins
- Vascular Activation

Eotaxin-3

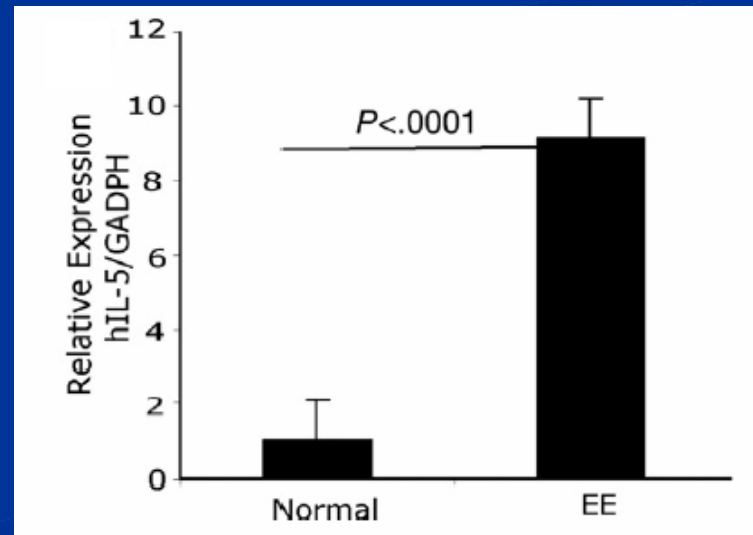


53-fold increase in Eotaxin-3 gene expression in EoE versus GERD pediatric patients



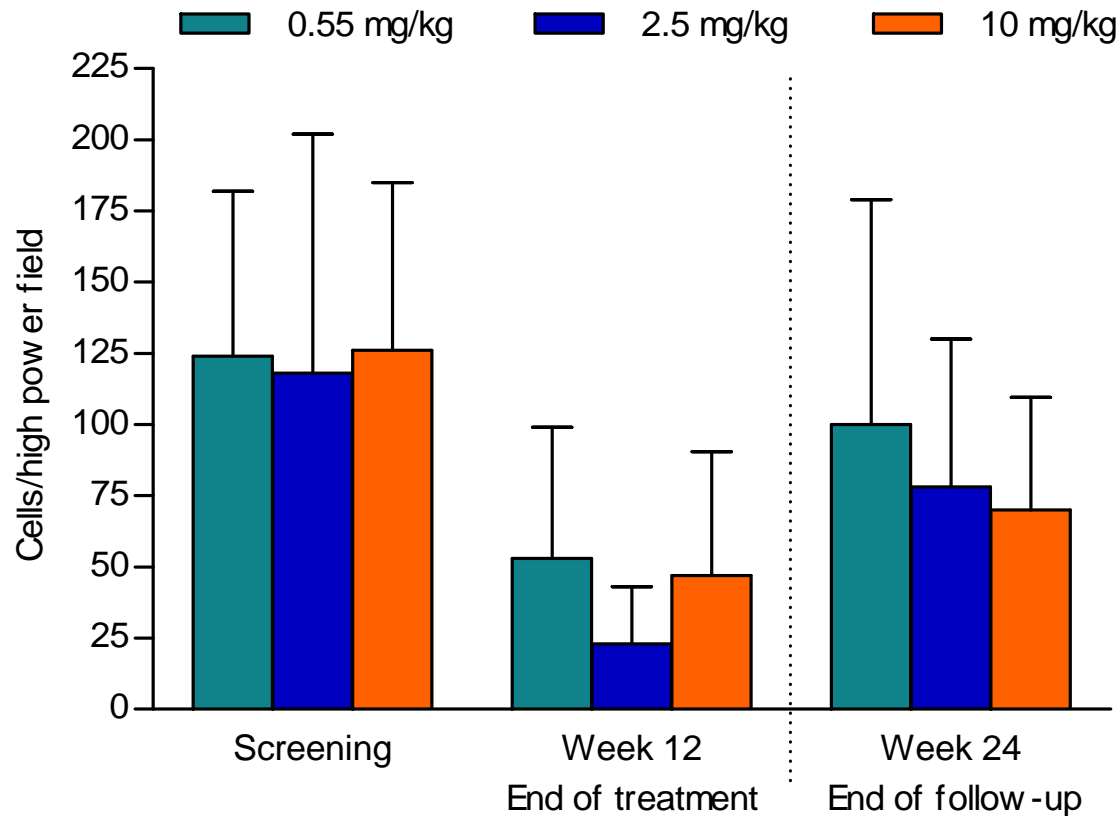
IL-5

- EoE patients have Increased IL-5
- IL-5 Deficient Mice are Protected from EoE
- IL-5 miniosmotic pump promotes murine EoE

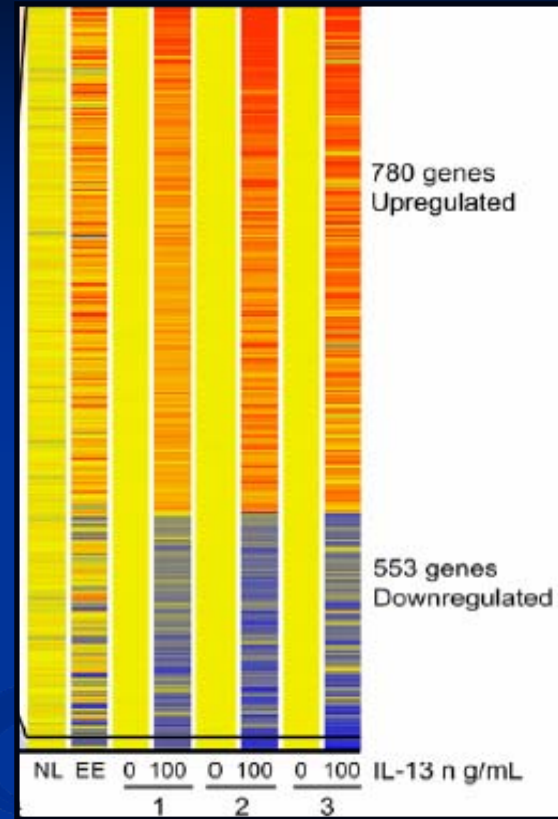
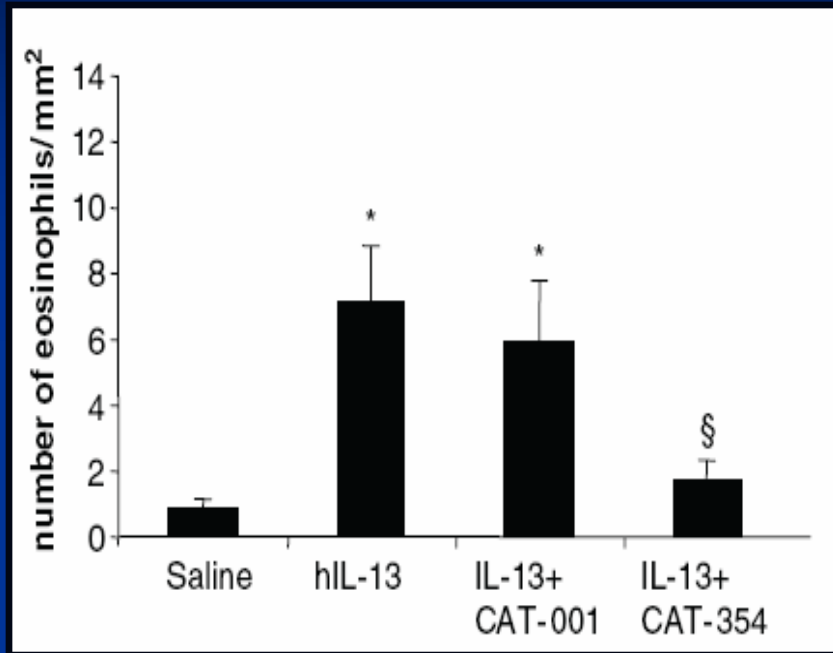


Anti-IL-5 in Children

Peak oesophageal eosinophils (mean \pm SD)



IL-13



- Instilling IL-13 Causes Murine EE
- Resolved with anti-IL-13 Antibody

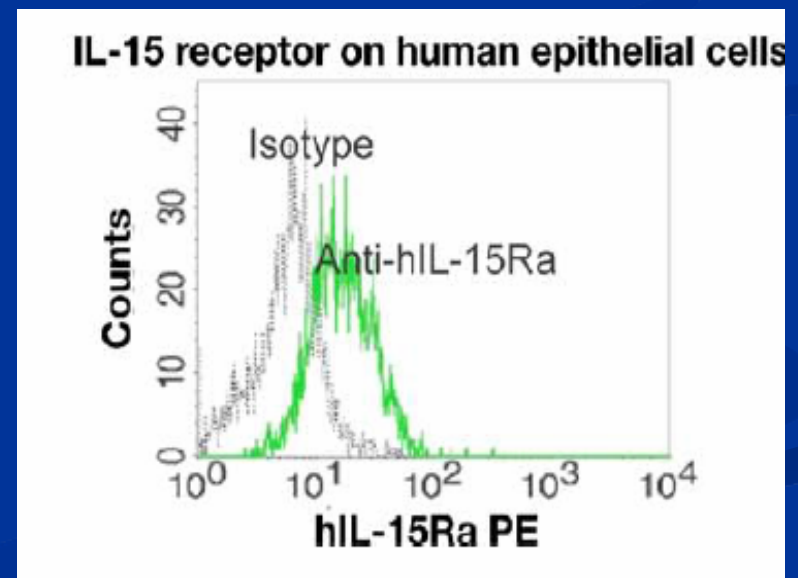
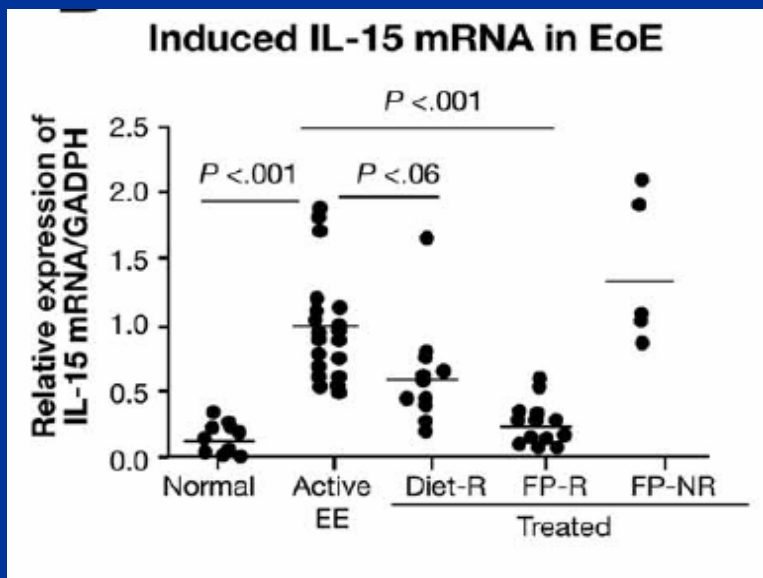
- IL-13 treatment promotes EoE transcriptome
- IL-13 induces the Eotaxin-3 promoter

Mishra & Rothenberg, Gastroenterology 2003

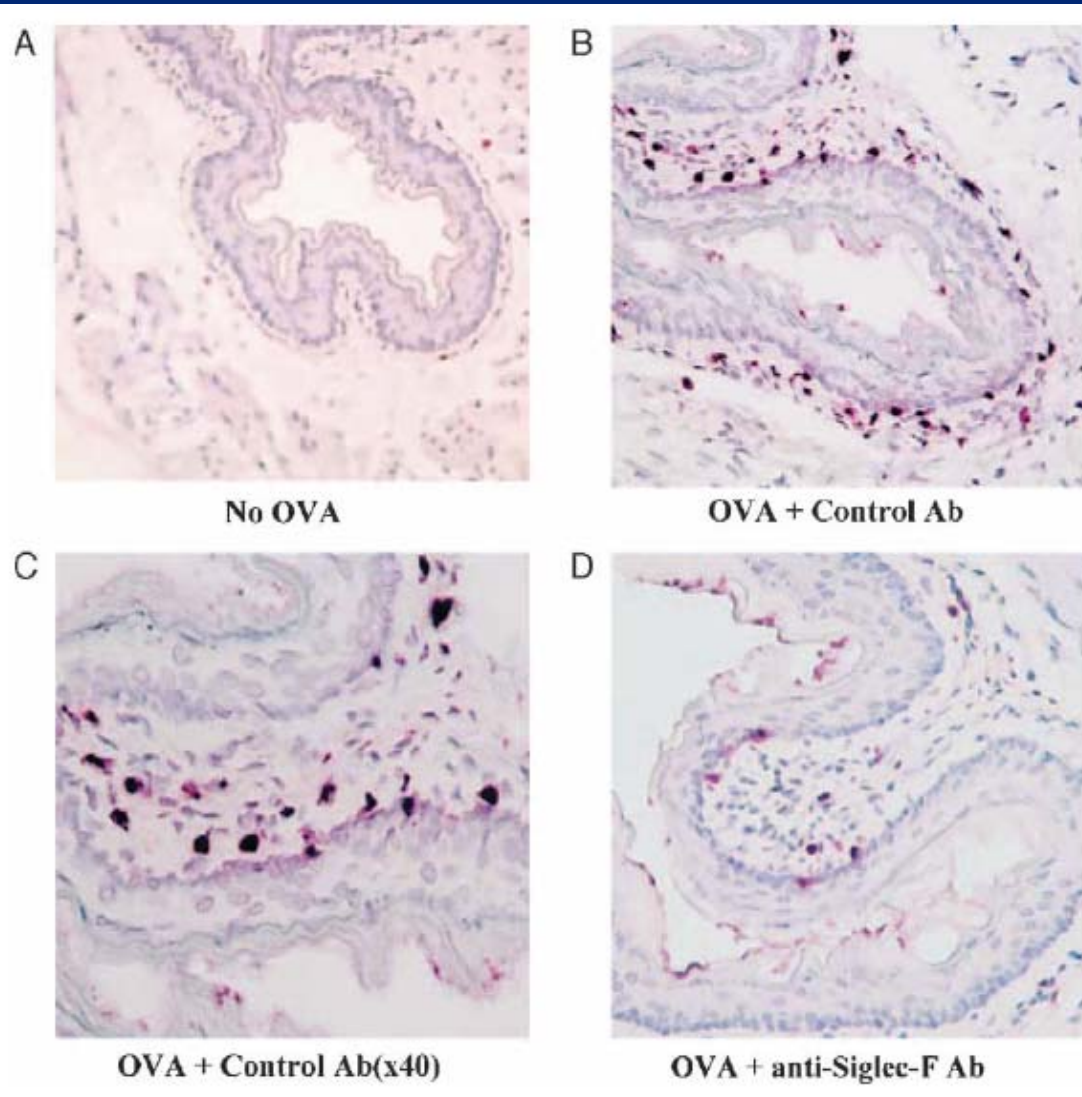
Blanchard et al, Clin Exp Allergy 2005

IL-15

- Increased IL-15 on EoE Gene Chip
- IL-15R α Deficient Mice: Protected from experimental EoE
- IL-15 Increased in Human Esophageal biopsies

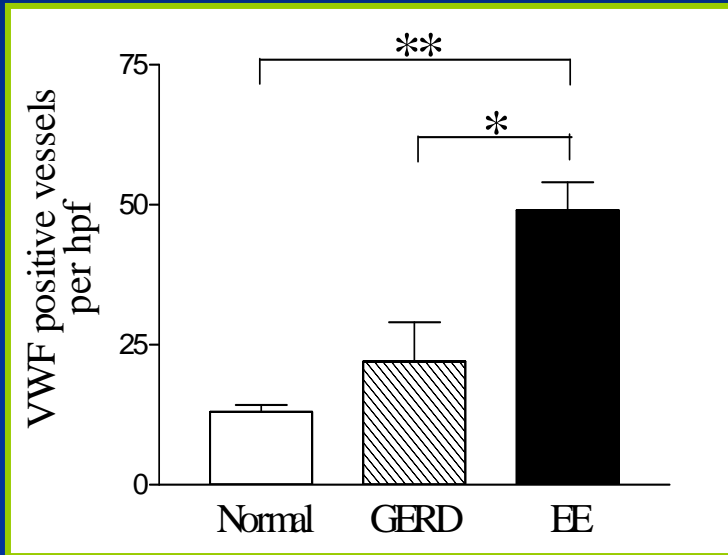


Siglecs and EoE

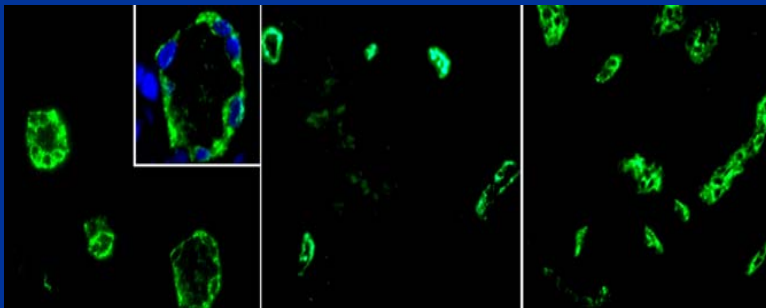
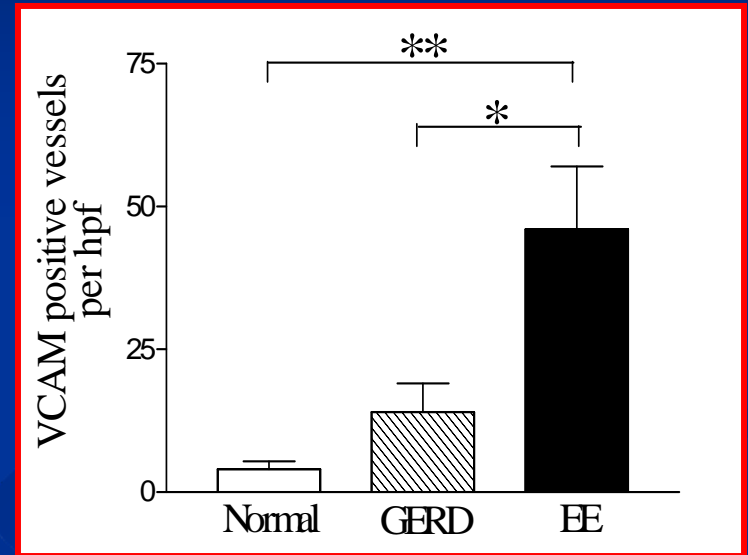


Esophageal Remodeling: Vascularity

vWF Positive Vessels



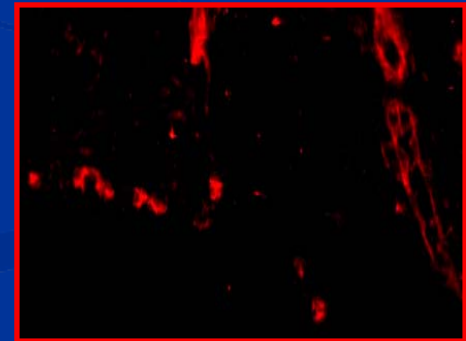
VCAM-1 Positive Vessels



Normal

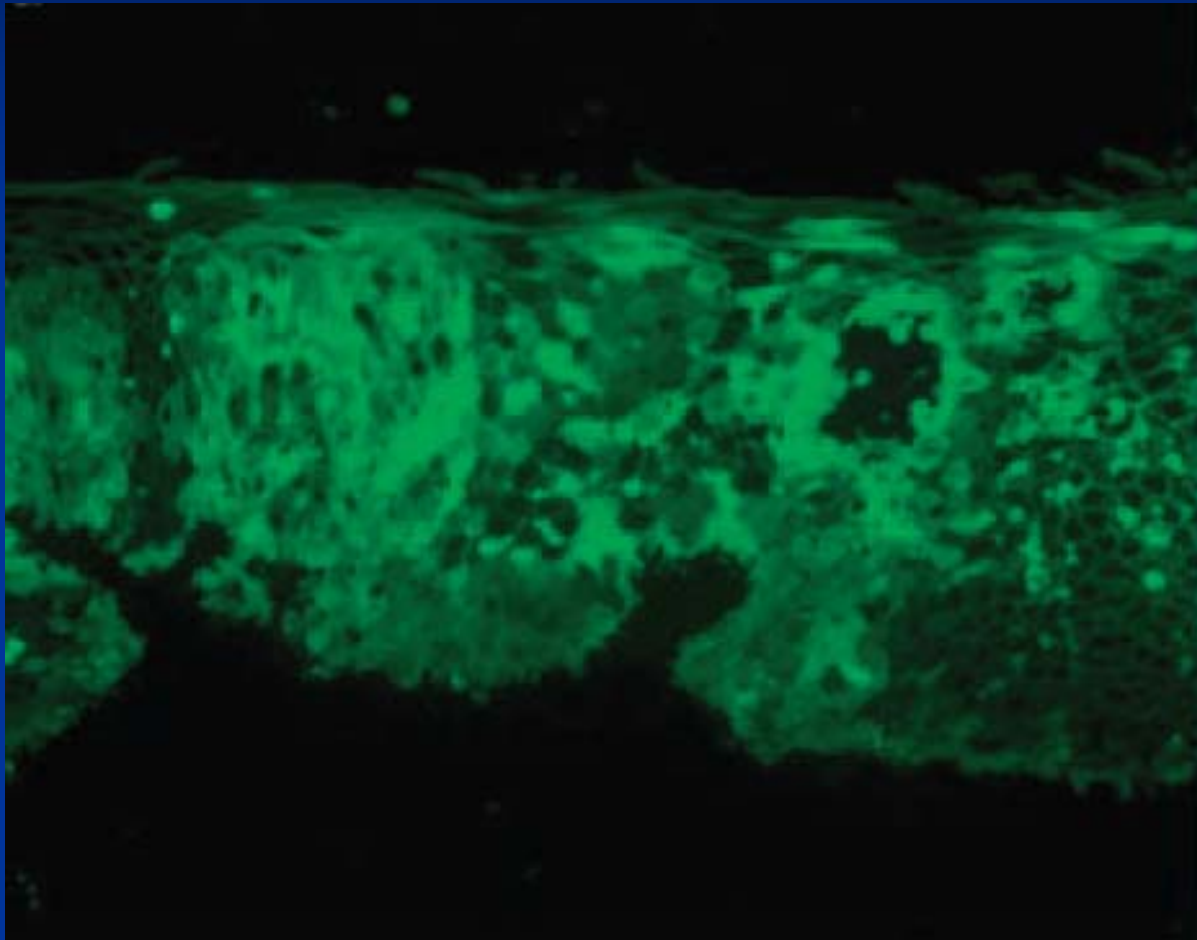
GERD

EE



Eosinophil Activation

Eosinophil Derived Neurotoxin



Major Basic Protein

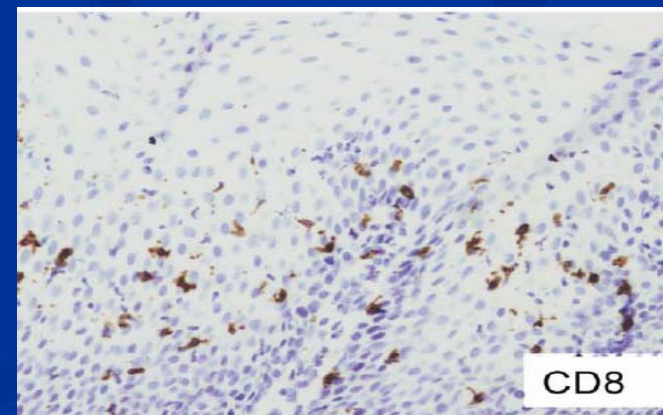
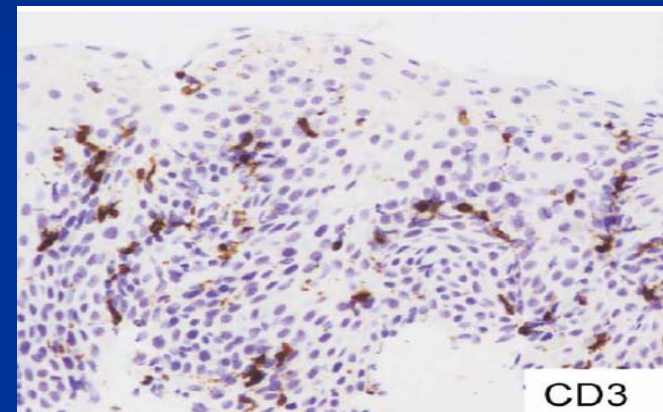
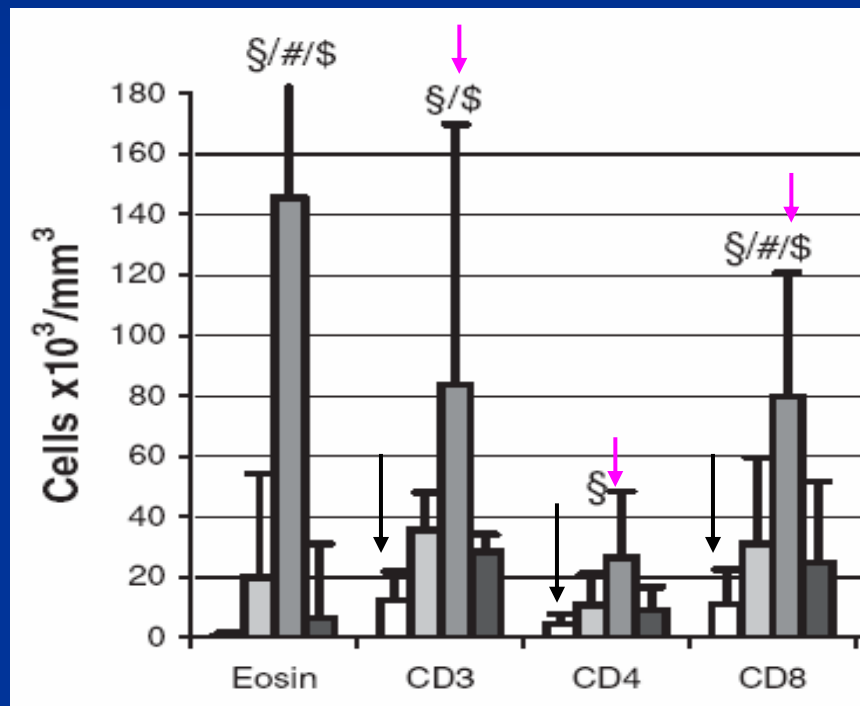


More Than Just Eosinophils

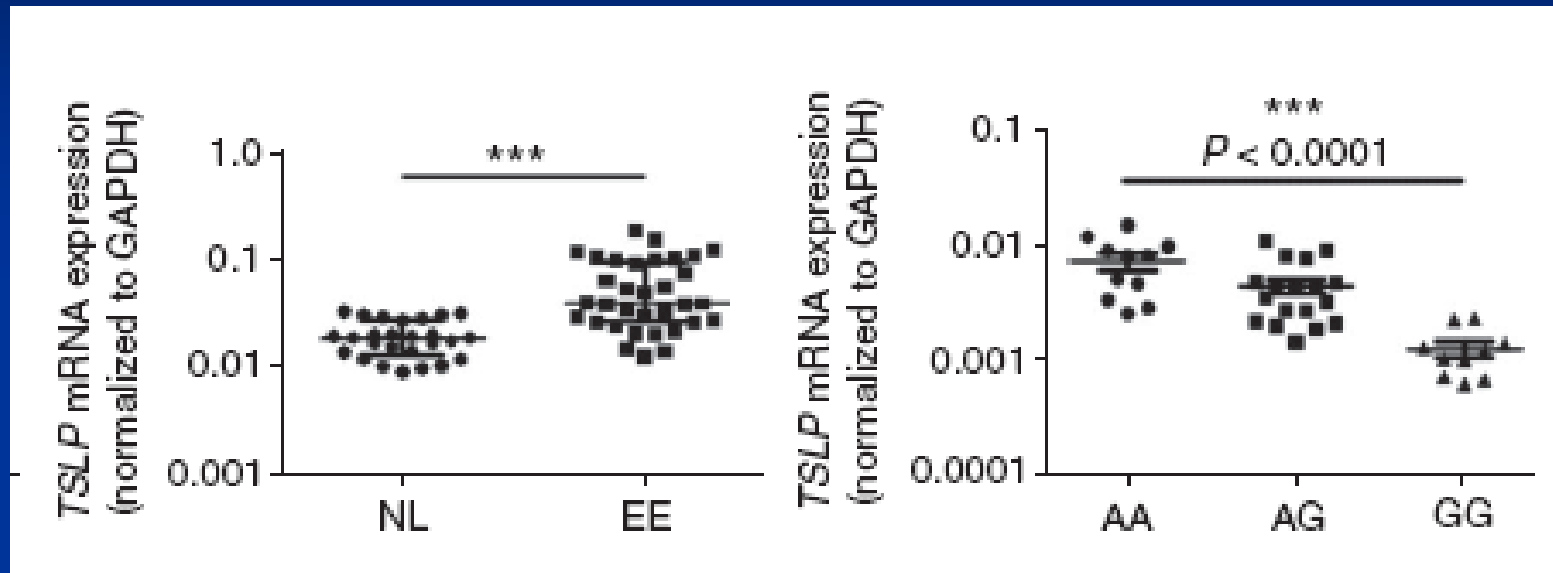
- T Cells
- B Cells
- TSLP

T Cells

- Increased CD3+, CD8+
- Murine EoE Induction Relies on T cells

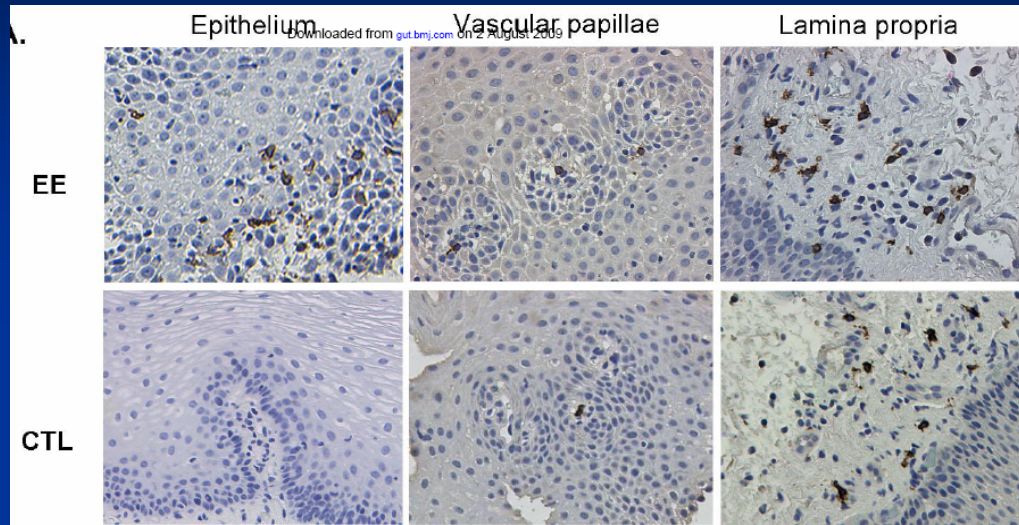


TSLP



- Increased TSLP expression in EoE
- Genetic variants in TSLP and Eotaxin-3 associate with EoE

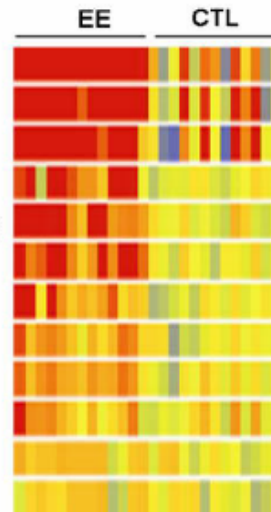
B Cells and Local IgE Production



- Increased B cells in :
- Epithelium
 - Vascular Papillae
 - Lamina Propria

Gene name

Immunoglobulin lambda joining 3
 Immunoglobulin heavy constant delta
 Immunoglobulin J polypeptide, linker protein for immunoglobulin alpha and mu polypeptides
 CD200 receptor 1
 Membrane-spanning 4-domains, subfamily A, member 2 (Fc fragment of IgE, high affinity I, receptor for; beta polypeptide)
 Interleukin 13 receptor, alpha 2
 Homo sapiens partial IGKV gene for immunoglobulin kappa chain variable region
 Inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein
 B cell RAG associated protein
 Tumor necrosis factor (ligand) superfamily, member 13b
 Burkitt lymphoma receptor 1, GTP binding protein (chemokine (C-X-C motif) receptor 5)
 Interleukin 10

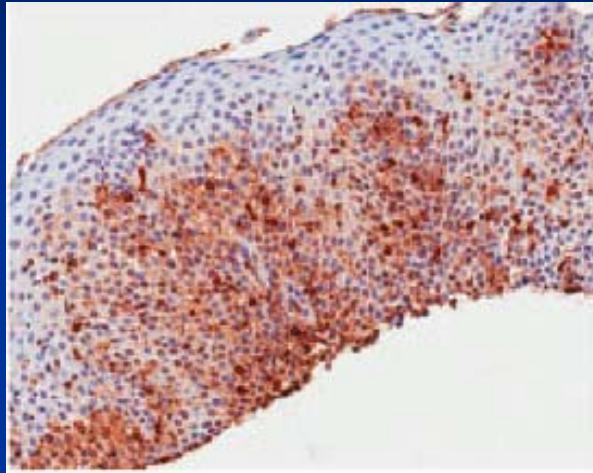


Increased IgE
 Class Switch
 Genes

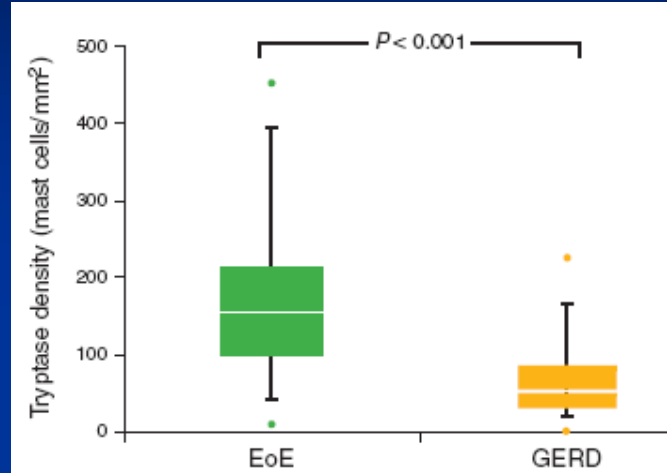
Mast Cells

Inflammation and
Complications

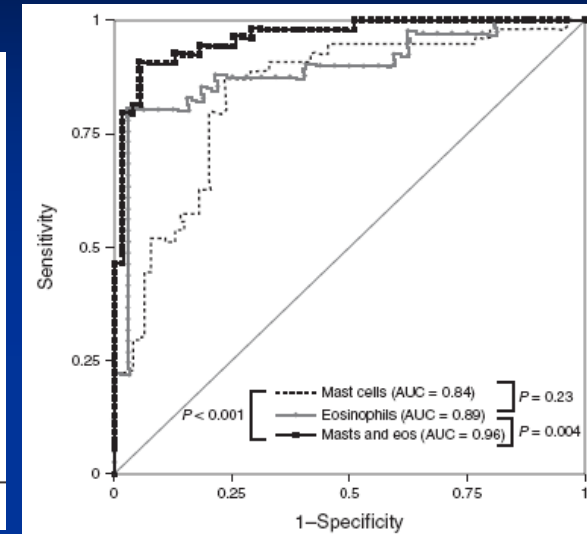
Mast Cells



Epithelial Tryptase



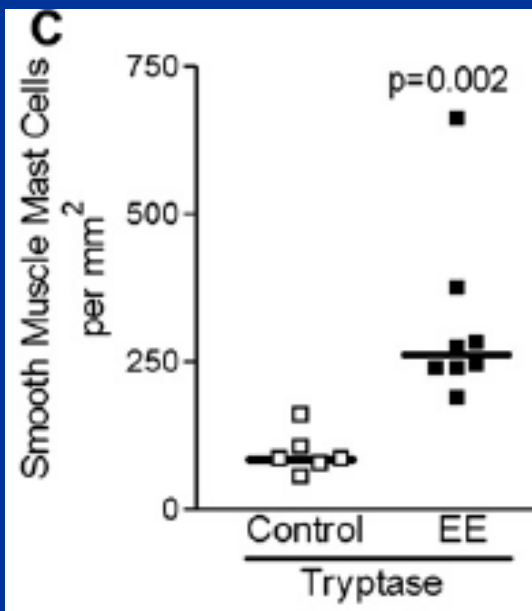
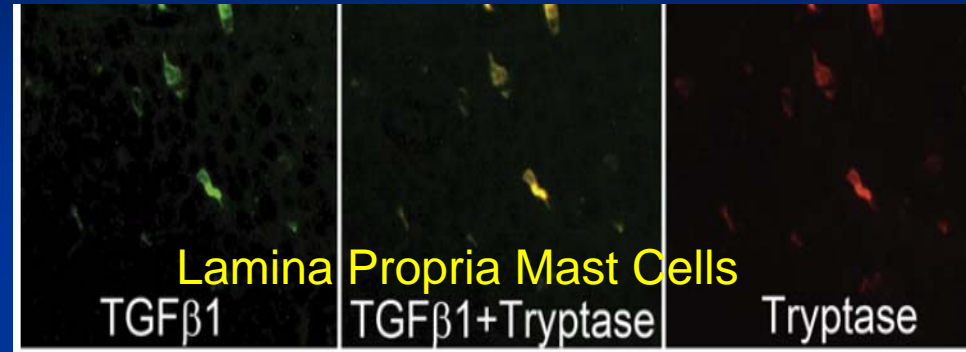
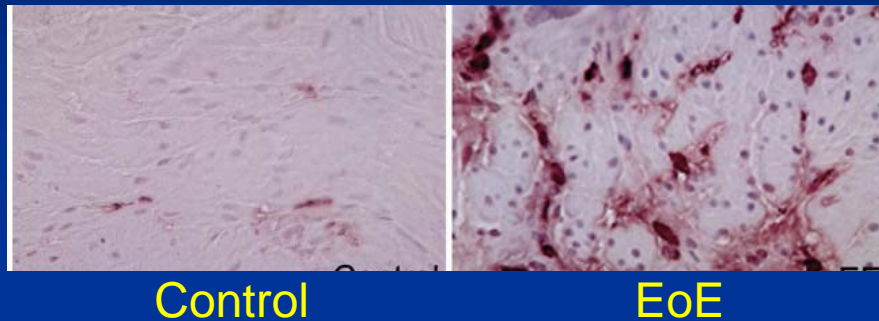
Mast Cells in EoE vs GERD



Diagnostic Implications

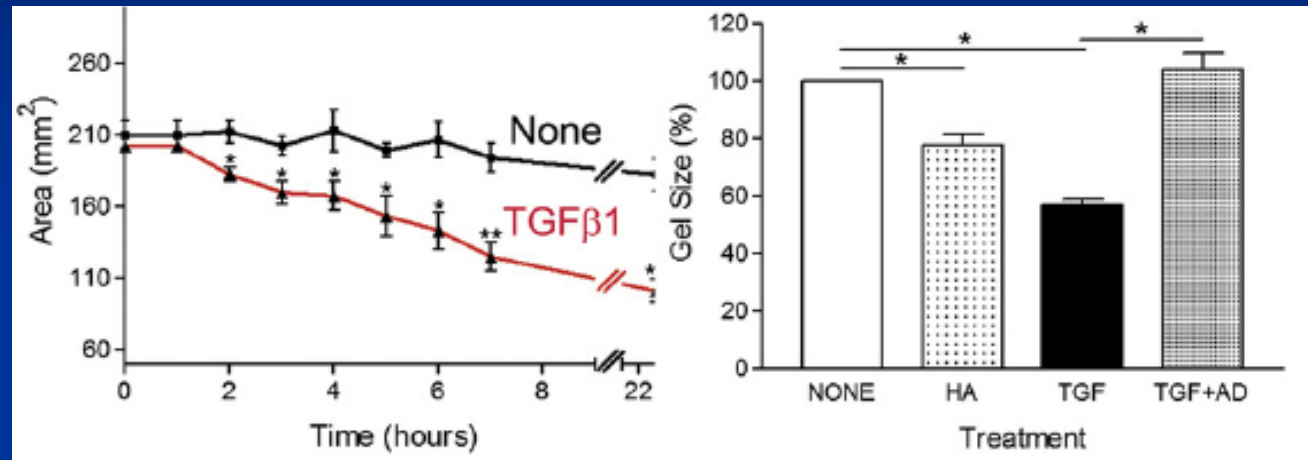
- Mast Cells: Elevated, Specific Gene Profile
- May help distinguish EoE from GERD

Smooth Muscle Inflammation



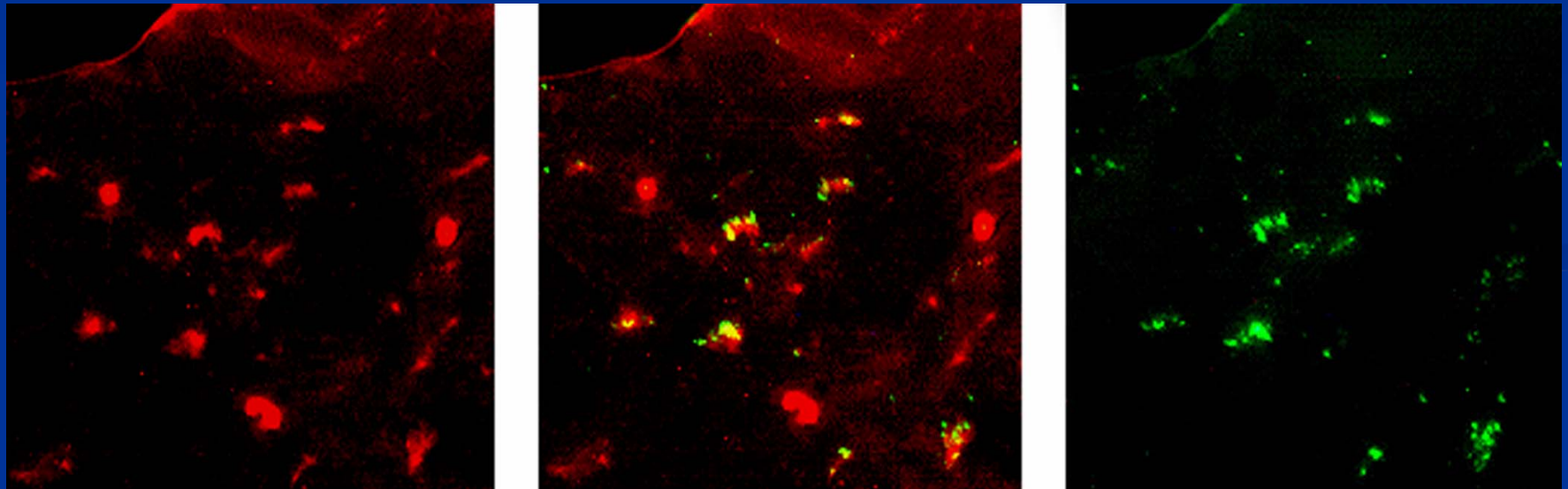
- Mast Cells are Increased in the Smooth Muscle
- Mast cells make TGFβ1

TGF β 1 Causes Smooth Muscle Contraction



- TGF β 1 induces esophageal smooth muscle cell contraction

Esophageal Remodeling: Eosinophils Produce TGF β 1

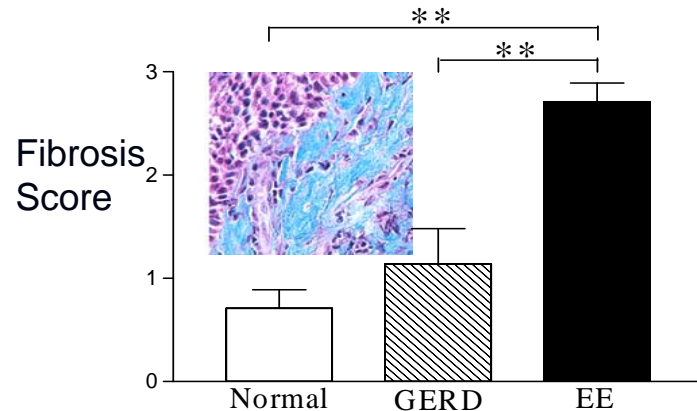


MBP

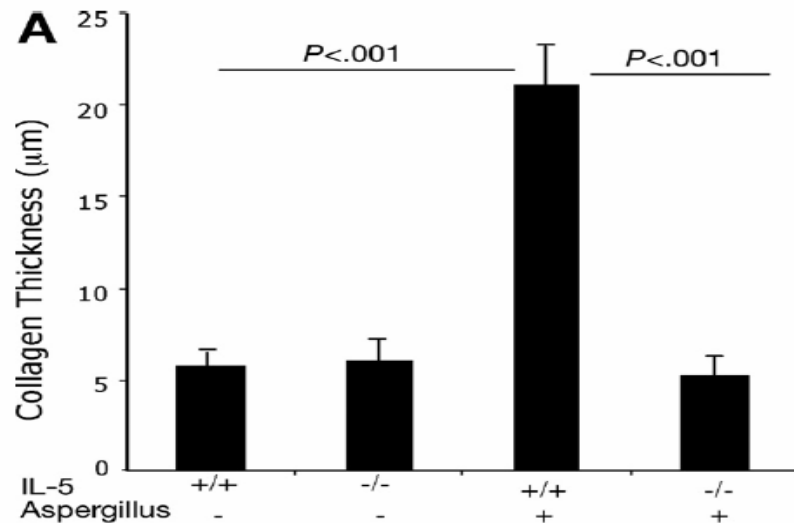
MBP + TGF β 1

TGF β 1

Esophageal Fibrosis



EoE Patients
have Increased
Fibrosis

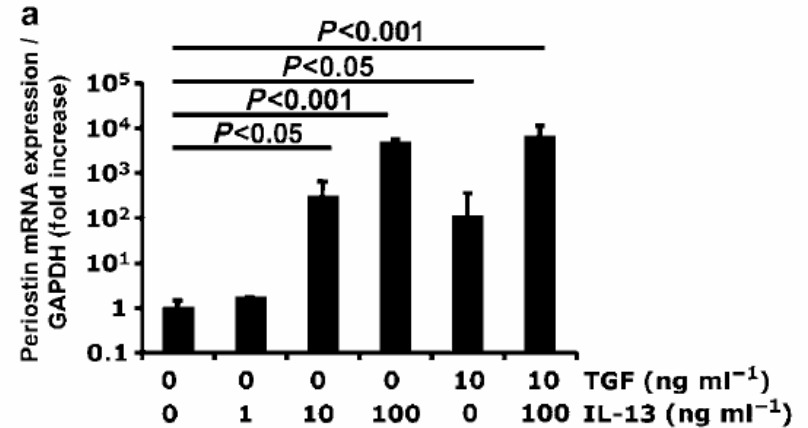
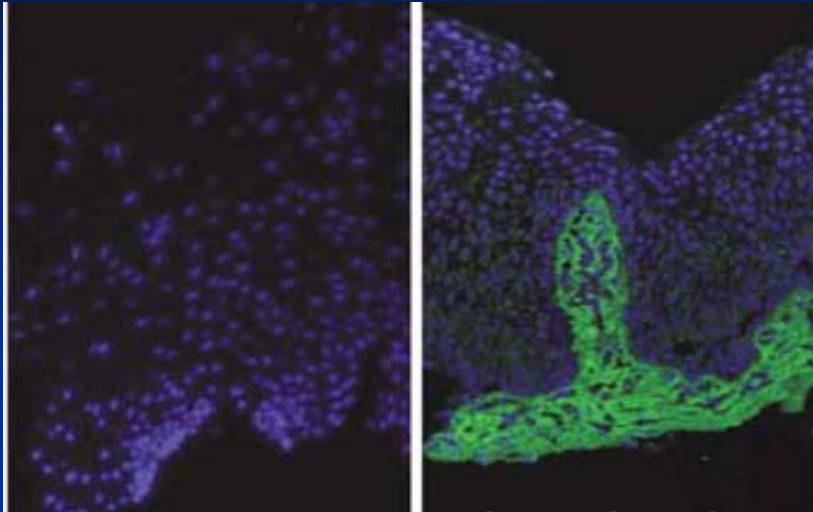


Animals without IL-5
and Eosinophils are
Protected from
Fibrosis

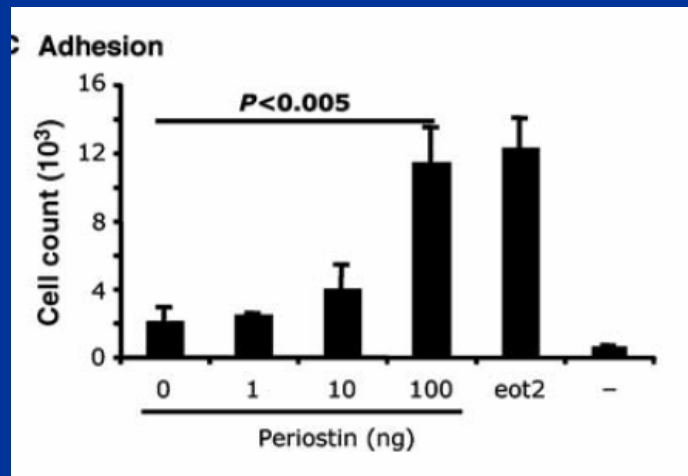
Aceves et al, JACI 2007

Mishra et al, Gastroenterology 2008

Esophageal Eosinophils: Periostin



Increased periostin expression induced by TGF β



Periostin increases eosinophil trafficking and adhesion

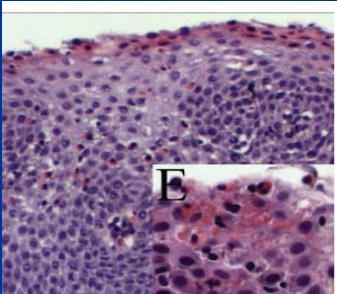

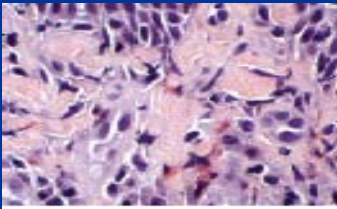

Esophageal Remodeling: The Key to the Pathogenesis of Complications?



Strictures
Dysmotility
Esophageal Rigidity
Food Impactions



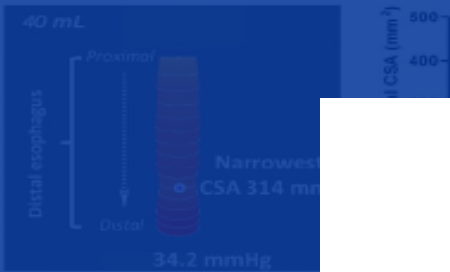
Inflammation Can Correlate with Endoscopy, Symptoms

Inflammation	Endoscopy	Symptom
<p><u>Epithelial:</u> Average Epithelial Score Prox+Mid+Distal</p> 	<p>Thickened/Furrows $r=0.82^*$ White Plaques, $r =0.64^*$ Pallor $r=0.62^*$</p> 	<p>Dysphagia + Anorexia/Early Satiety $r=0.32^*$</p>
<p><u>Lamina Propria:</u> Fibrosis + Eosinophils</p> 	<p>Thickened/Furrows $r=0.64^*$</p> 	<p>Dysphagia $r= 0.45^*$</p>

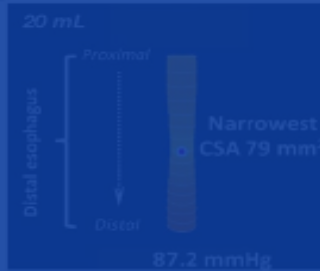
* $p<0.05$

Decreased Esophageal Distensibility

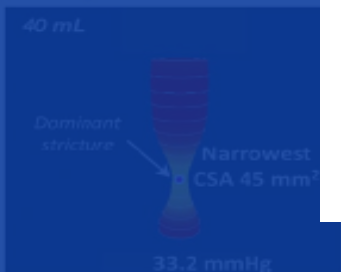
A Control subject



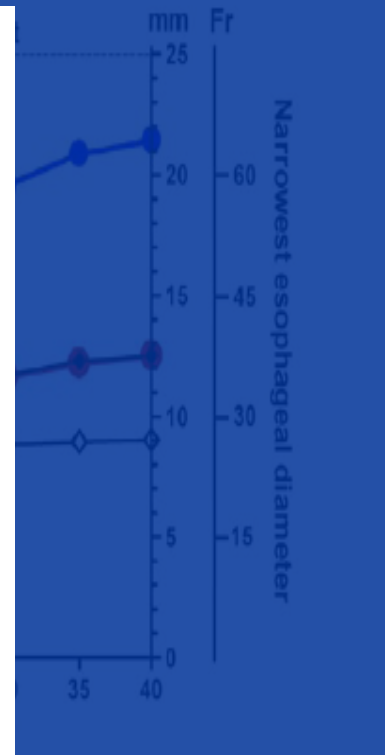
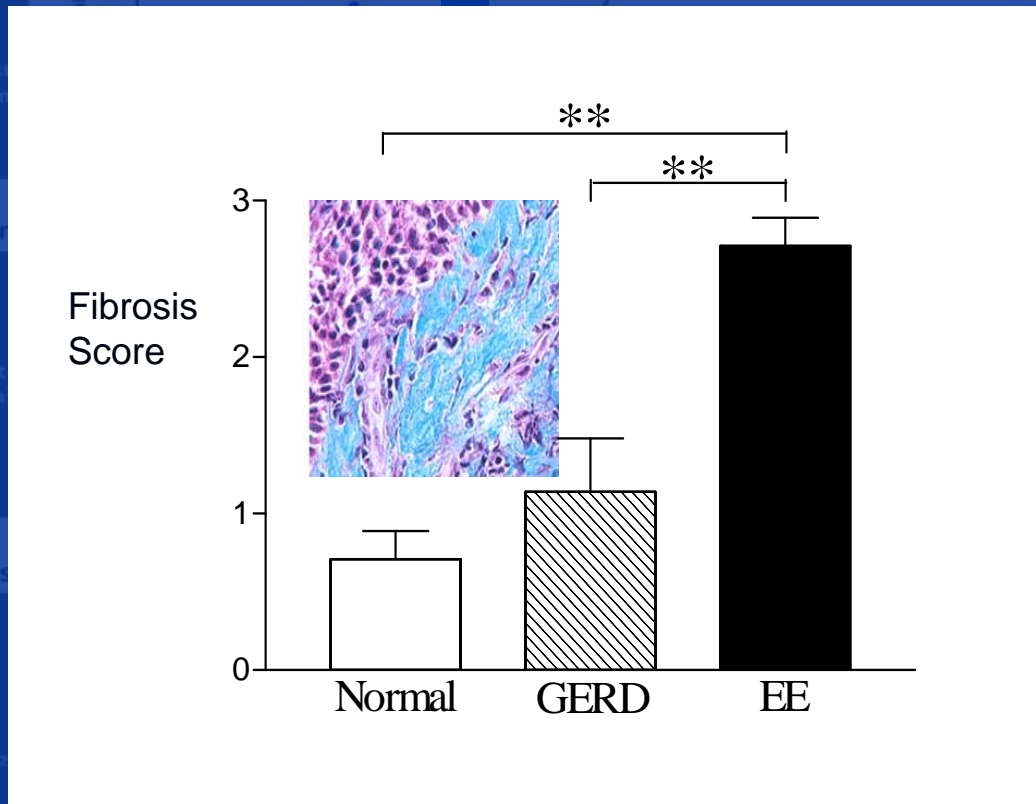
B EoE patient with narrow



C EoE patient with a dis

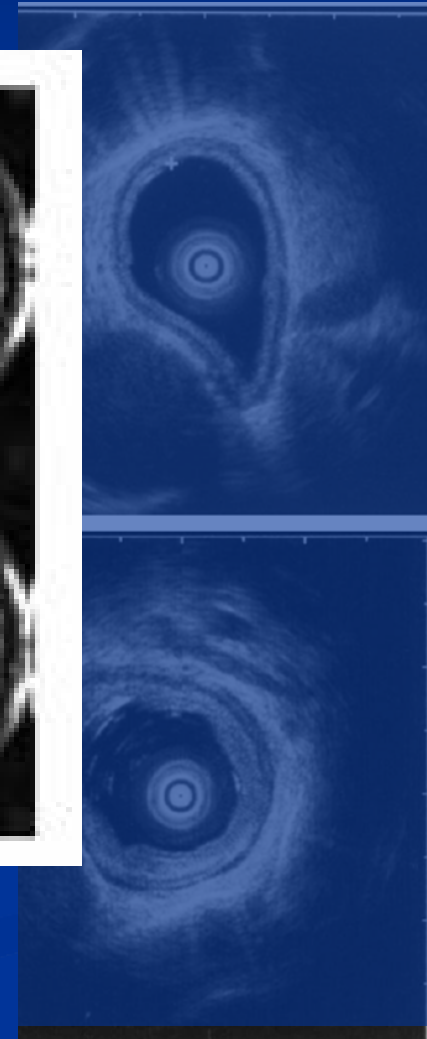
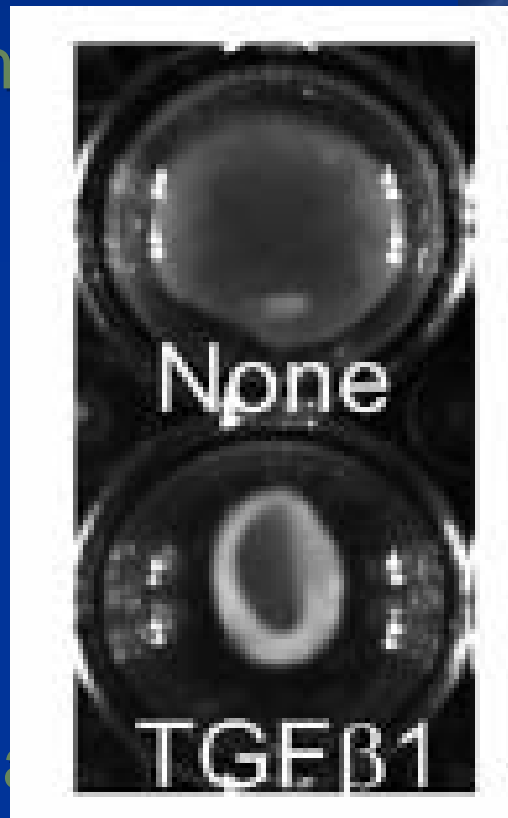


C Esophageal distensibility - endoscopic features subgroups



Smooth Muscle

- Thickened esophagus
- Dis-coordinated smooth muscle contraction
- Episodes of dysmotility correlated with dysphagia



Nurko et al, Am J Gastro, 2009

Korsapaati et al, Gastroenterol 2009

Fox et al, Gastrointest Endosc, 2003

EGE:

**Beyond the Esophagus
Different or Disease
Extension?**

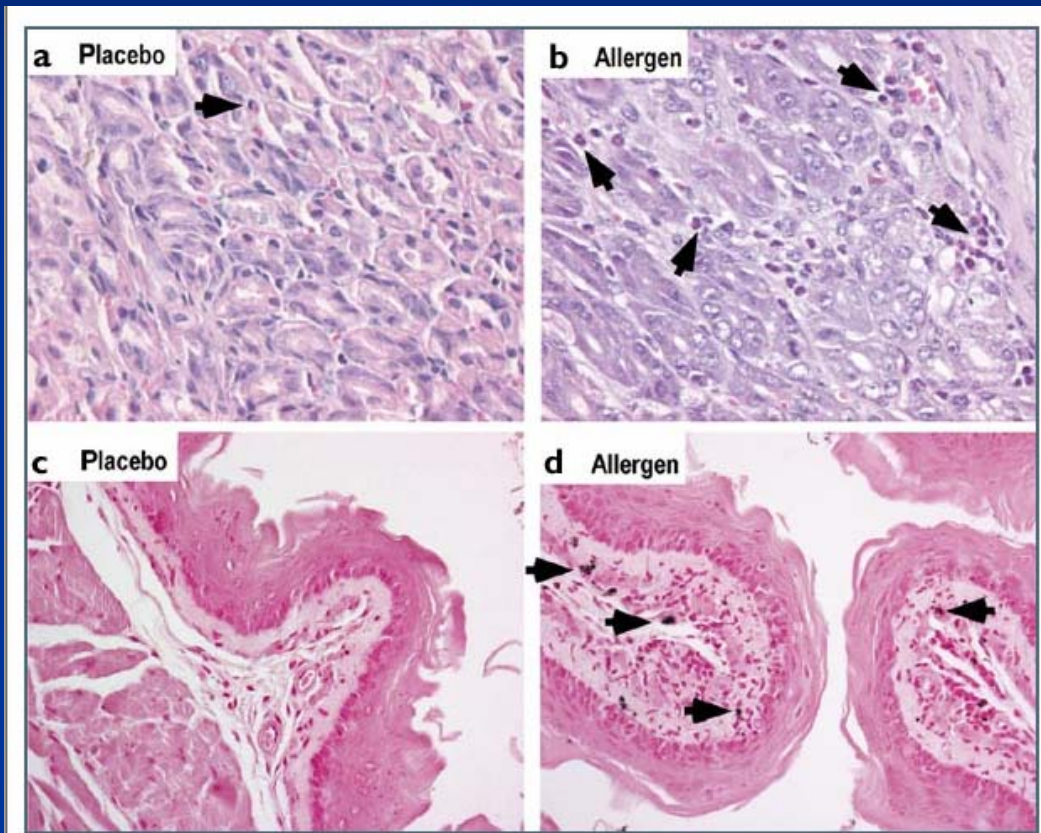
Eosinophilic Gastroenteritis

- Diagnostic criteria not established
 - Eosinophilia is normal in the non-esophageal intestine
- Often does not involve the esophagus
- Mucosal, Muscularis, Serosal Forms
- Primary – Atopic vs Non-atopic
- Secondary – Rule out
 - HES, Vasculitis
 - Celiac, IBD, Scleroderma, Infection

Eosinophilic Colitis

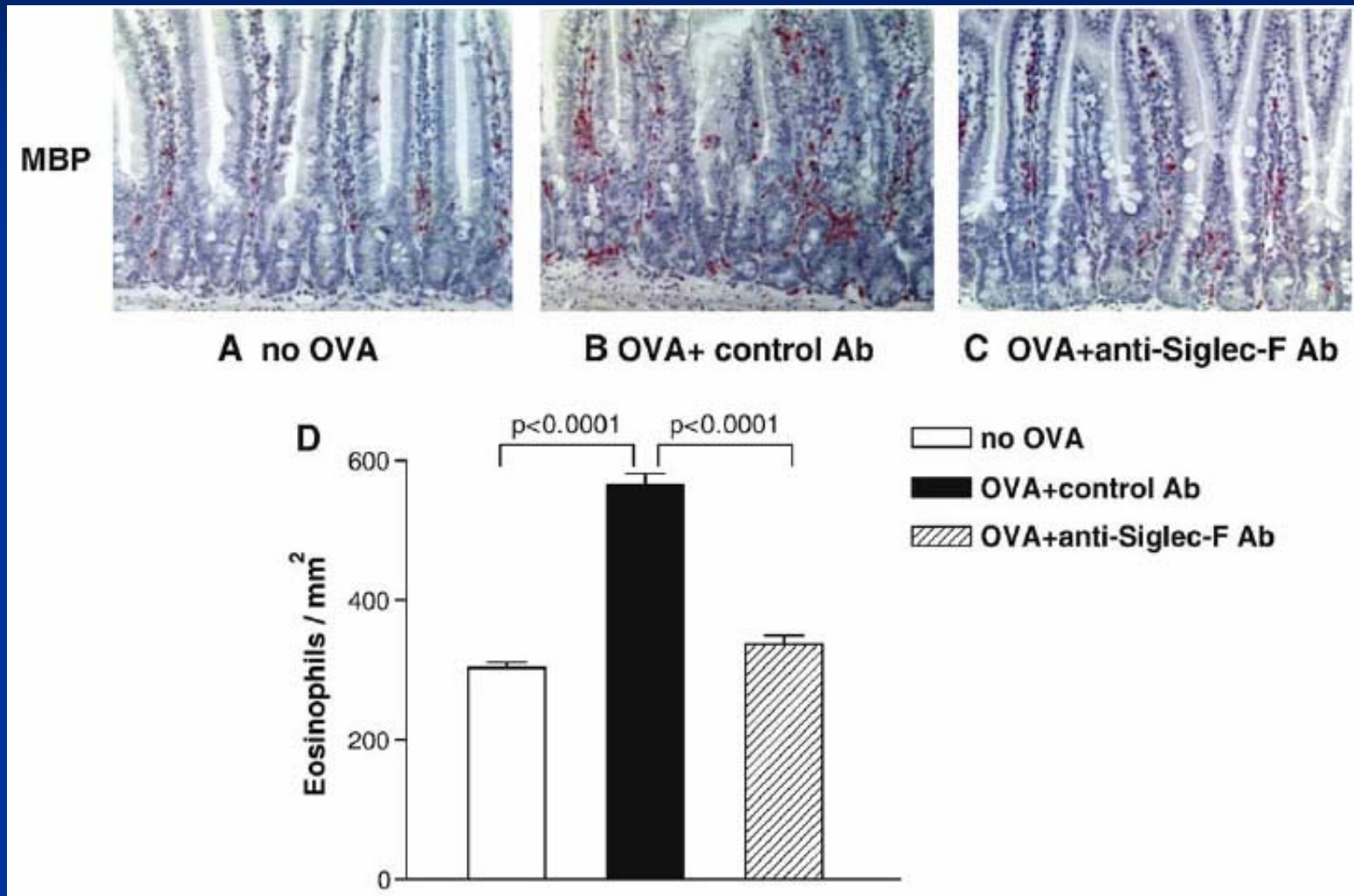
- Primary: Atopic vs Non-Atopic
 - Allergic Colitis of Infancy
- Secondary
 - HES, EGE
 - Rule out: IBD, Infection

Animal Model of GI Eosinophilia



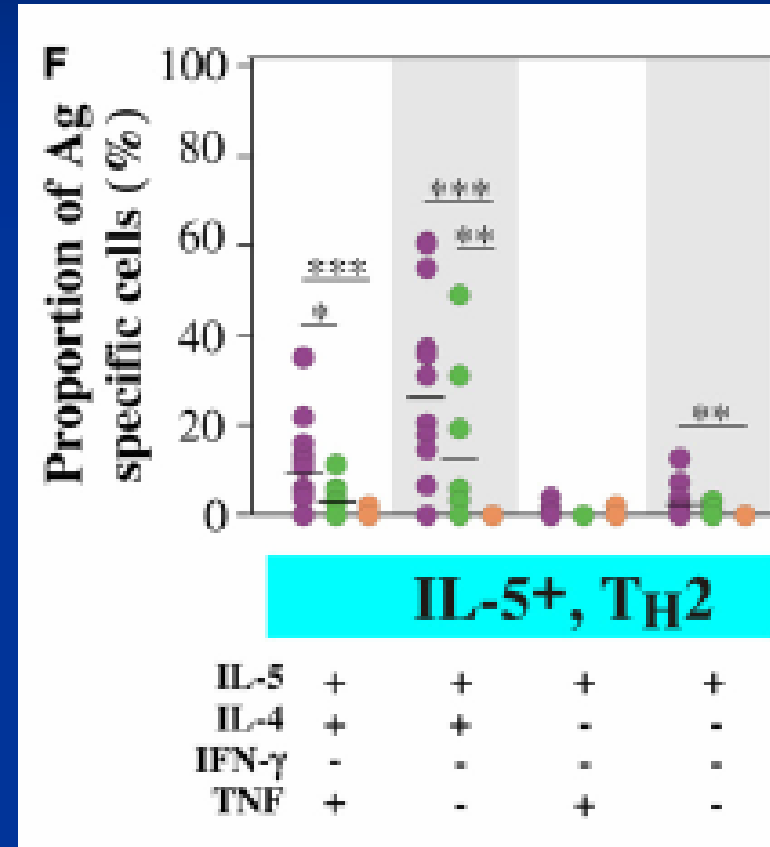
Ovalbumin induces Gastric and Esophageal Eosinophilia

Animal Model of GI Eosinophilia



Disease Mechanisms

- Increased CD4+ peripheral cells that are antigen specific
- Eosinophilic gastroenteritis patients have increased IL-5+, IL-4- cells compared to Non-allergic and Peanut Allergic Patients



Conclusions

- Eosinophilic esophagitis is more than eosinophils
- Pathogenesis includes Eosinophil Activation
- Pathogenesis includes T cells, B cells, Mast Cells, and Degranulated Mast Cells
- Remodeling may explain the pathogenesis for Disease Complications
- EGE is likely a Distinct Disease from isolated EoE