Ciclesonide Impacts Clinicopathologic Features of Eosinophilic Esophagitis

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AIMS

• We sought to measure the impact of ciclesonide (CIC) on the clinicopathologic features of EoE in children

BACKGROUND

• Eosinophilic Esophagitis (EoE) is a chronic, allergen-mediated disease of the esophagus
• Swallowed topical steroids (STS) are effective in 70–80% of patients
• No current FDA approved topical steroid formulations exist
• Ciclesonide (CIC) is an alternative STS with potent local activity and limited bioavailability
• Esophageal epithelium expresses limited bioavailability of other EoE therapies are indicated.

METHODS

• Retrospective observational cohort
• 81 patients ages 2–23 with EoE were included
• Clinical, endoscopic, and histologic data pre-CIC and at least 5 weeks post-CIC

RESULTS

Demographics n = 81
Age in years, (mean; range) 9.5 (2–23)
Sex (male %) 76.5%
Caucasian 82%
Hispanic/Latino 5%
Black/African American 3.7%
More than one race 3.7%
Ciclesonide dose (total daily dose; µg)
Average 54 µg
Median 540 µg
Range 60–1280 µg
Concomitant atopic disease
Asthma 57%
Atopic dermatitis 11%
None 30%
Reason for Change in Corticosteroid (n; %)
Swallowed topical steroids (STS) were effective in 70–80% of patients

No new adrenal suppression developed.

CONCLUSIONS

• Treatment of EoE with CIC leads to significant symptomatic and pathologic improvement.
• Resolution of 68% of pre-CIC symptom complaints.
• Mucosal healing with 53% improving to/maintaining <15 Esos/HPF.
• Steroid naïve: 60% improvement to <15 Esos/HPF.
• Steroid non-responders: 31% improvement to <15 Esos/HPF.

IMPLICATIONS

• CIC is effective for the treatment of EoE and may provide an STS alternative.
• Future prospective trials comparing it to other EoE therapies are indicated.
• We were limited in determining true rates of AI with this study design, prospective trials are needed to investigate possible lower rate of adrenal suppression.

REFERENCES


Authors have no relevant disclosures to report.