



# Impact of Esophageal Biopsies During Index Endoscopy for Food Bolus Impaction on Rates of Patient Outpatient Follow-Up and Recurrence of Food Bolus Impaction: A Retrospective Study



Montefiore

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## OBJECTIVE

- To determine the baseline rate of esophageal biopsy during index endoscopy for food bolus impaction (FBI)
- To evaluate the impact of biopsies on rate of outpatient follow-up and repeat FBI presentations

## BACKGROUND

- FBI is a gastroenterological emergency requiring urgent upper endoscopy, of which up to half of cases may be due to eosinophilic esophagitis (EoE).<sup>1,2</sup>
- EoE is defined by eosinophilic infiltration in the esophageal mucosa without secondary causes, which can lead to inflammatory and structural complications such as rings, strictures, edema, exudates, and esophageal narrowing.<sup>3</sup>
- Patients with EoE should have outpatient follow-up as it can be effectively managed with proton pump inhibitors, swallowed topical steroids, food elimination diets, and biologics.<sup>3,4</sup>
- Based on the American College of Gastroenterology clinical guidelines, biopsies should be taken at index endoscopy.<sup>3</sup>

## METHODS

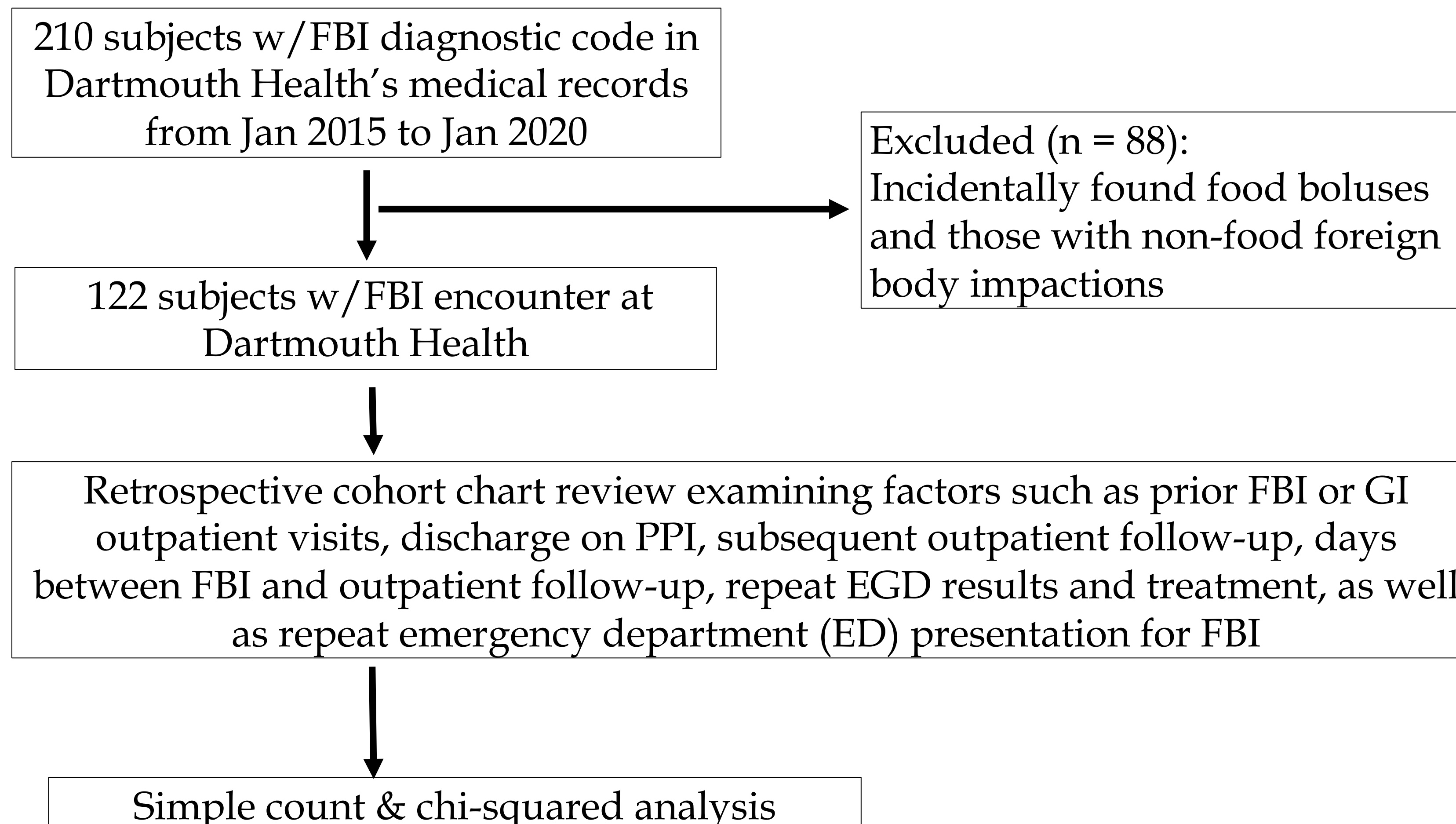


Figure 1. A flow diagram of subject selection and measurements

## RESULTS

### BASELINE CHARACTERISTICS

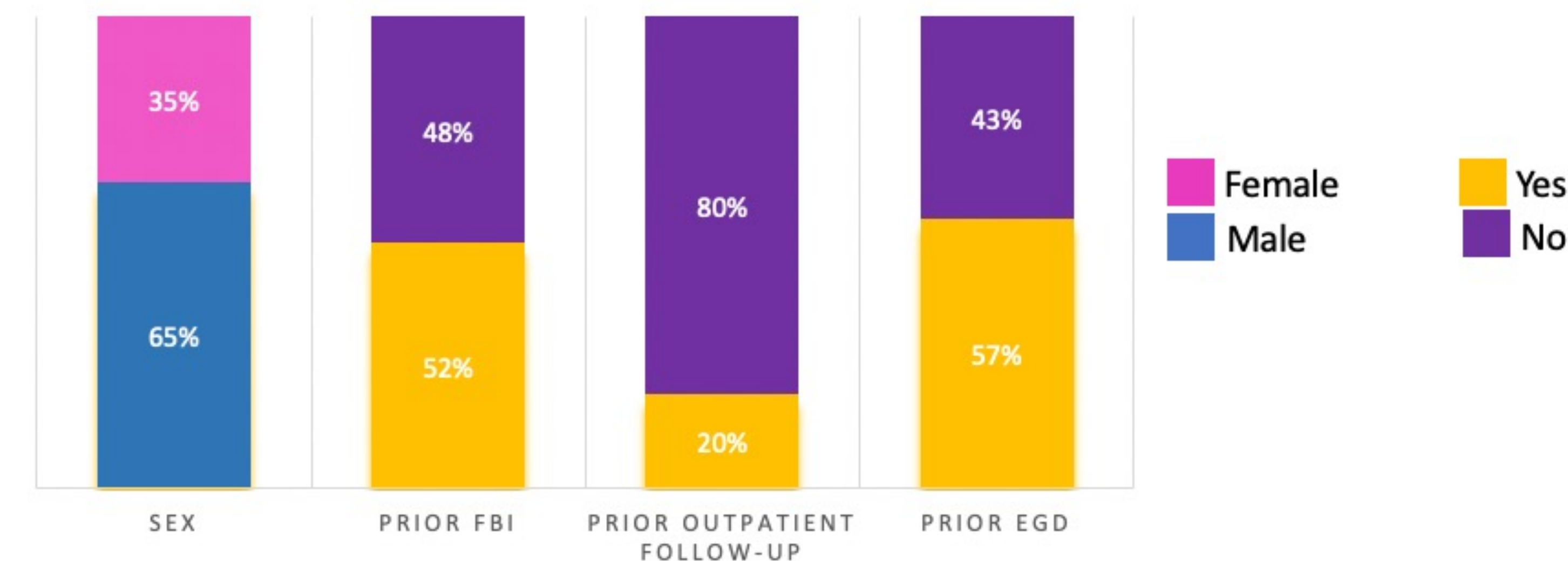


Figure 2. Baseline Characteristics of Total 122 Subjects

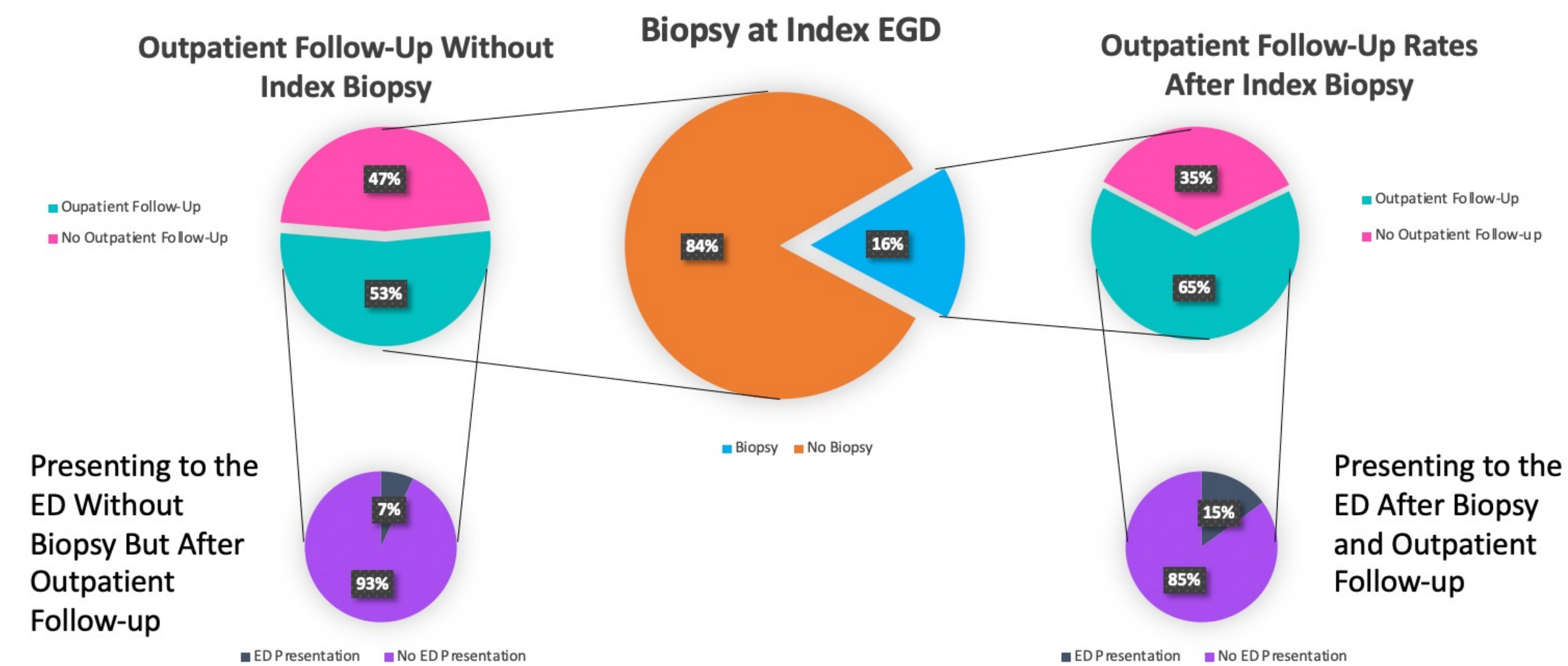


Figure 3. Impact of biopsy at index endoscopy on outpatient follow-up rates, and ED presentation rates of those with or without index biopsy but with outpatient follow-up

## REFERENCES

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- Of the 122 patients who met inclusion criteria, mean age was 64 years old and the majority (65%) were male.
- About 1/2 had a prior FBI encounter reported prior to the range of dates examined.
- Baseline rate of esophageal biopsy during index endoscopy was 16%, of which 10% revealed a new diagnosis of EoE.
- The majority (81%) of patients were discharged on a proton pump inhibitor.
- After index endoscopy, 55% of patients presented for an outpatient follow-up (11% of those who had a biopsy, 44% of those who did not have a biopsy).
- 51% of patients underwent a repeat endoscopy after the index endoscopy where FBI was discovered.
- 11% of total patients presented again to the emergency department for a recurrent FBI, with 31% of those cases being patients who had declined an outpatient visit upon initial discharge.
- A greater percentage (65%) of patients with index biopsy completed an outpatient follow-up compared to those without a biopsy (53%) (p = 0.32).
- A lower percentage of patients who had a biopsy needed repeat emergent EGD for FBI (2% compared to 8% of those who did not receive a biopsy) (p = 0.49).

## CONCLUSION

The baseline rate of esophageal biopsy during initial endoscopy was low, suggesting missed opportunities to diagnose EoE early. However, a greater number of index biopsy cases followed up in outpatient clinic and fewer presented again for emergent FBI, which is encouraging despite not being statistically significant. Findings could be affected by low volume of index biopsies. Further research is needed to identify barriers to outpatient follow-up and treatment adherence for patients diagnosed with EoE on index biopsy.