

## Improving Adherence to Oesophageal Biopsy Protocols for Suspected Eosinophilic Oesophagitis

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### Abstract

**Background:** Eosinophilic oesophagitis (EoE) is a chronic immune-mediated condition and an increasingly recognised cause of dysphagia, particularly in younger people. Diagnosis depends on histological confirmation, with guidelines from the BSG and UEG recommending at least six biopsies from two to three oesophageal locations. However, real-world adherence remains inconsistent, risking underdiagnosis.

**Aim:** This Quality Improvement Project (QIP) evaluated local adherence to guideline-recommended oesophageal biopsy protocols in patients undergoing endoscopy for suspected EoE, with the goal of identifying opportunities for improved practice.

**Methods:** We retrospectively reviewed 250 patients referred via the two-week wait pathway for dysphagia between December 2024 and March 2025. After excluding 42 patients biopsied for non-EoE indications, 208 cases were analysed. Data included biopsy number, anatomical site, and documentation quality.

**Results:** Among the 208 patients, 174 presented with dysphagia. Of these, 121 (69.5%) received the recommended six biopsies, while 11 (6.3%) had fewer than four, rendering the samples diagnostically inadequate. Documentation varied: 37.9% of reports noted multilevel biopsies without clear anatomical distances, while only 23% specified segmental sampling.

**Conclusion:** Adherence to recommended biopsy protocols for suspected EoE was inconsistent, with variation in both biopsy adequacy and documentation. To address this, we propose targeted educational workshops, improved endoscopy reporting templates, and a procedural checklist to reinforce biopsy standards. A reaudit in three months will assess the effectiveness of these interventions.

