CONFER Cases Round 12

Description

Case 2

Case Title	Dupilumab Monotherapy and in Combination with Other Biologic/Small-Molecule Therapy in Patients with Coexisting IBD and EoE: A Multicentre Case Series
Principal Investigator	Asaf Levartovsky
Case Manager	Thomas Greuter
Case Description	Patients with concomitant inflammatory bowel disease (IBD) and eosinophilic esophagitis (EoE) represent a rare but increasingly recognized clinical overlap. Both conditions share immune-mediated pathways yet differ in dominant cytokine profiles. Dupilumab, an IL-4Rα antagonist approved for EoE, is effective in inducing clinical and histologic remission in EoE. Its role in IBD, however, remains uncertain: while preclinical rationale suggests possible benefit in ulcerative colitis, isolated case reports describe dupilumab-associated colitis. Beyond monotherapy, data on combining dupilumab with established IBD therapies (anti-TNFα, anti-IL-23, anti-IL-12/23, anti-integrin, or small molecules) is lacking. Isolated reports of dual therapy in atopic dermatitis exist, but no systematic evidence has been published in patients with concurrent IBD and EoE. The feasibility, effectiveness, and safety of such combination regimens in this specific population therefore remain undefined. Given the importance of this immune overlap and the paucity of clinical experience, we propose a multicentre case series describing clinical outcomes and adverse events in patients with coexistent IBD and EoE treated with dupilumab alone or in combination with another biologic or small-molecule agent.
Main Clinical Question	1. In patients with coexisting IBD and EoE, is dupilumab therapy effective across both diseases? 2. Is combination therapy of dupilumab with another biologic or small-molecule agent effective across both diseases? 3. Is combination therapy of dupilumab with another biologic or small-molecule agent safe in patients with with concomitant IBD and EoE? 4. Which patient- or therapy-related factors predict success or adverse outcomes?
Inclusion criteria	• Age >=18y at dupilumab initiation • Confirmed IBD Dx by standard criteria • Confirmed EoE Dx (symptoms + biopsy proven ≥15 eos/hpf) • Received ≥1 dose of dupilumab for EoE with documented start date and planned maintenance regimen • Minimum follow-up of ≥12 weeks after dupilumab start or until discontinuation d/t adverse event or lack of response
Literature on the topic	1. Yanofsky R, Jogendran R, Hoxha T, Pathak A, Orchanian-Cheff A, Chhibba T, Sasson AN, Tandon P. The Association of Inflammatory Bowel Disease and Eosinophilic Esophagitis: A Systematic Review and Meta-analysis. Inflamm Bowel Dis. 2025 Jun 4:izaf095. doi: 10.1093/ibd/izaf095. Epub ahead of print. PMID: 40468892.

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4. Spencer EA, Dolinger MT, Dubinsky MC. A Single-Center Experience with Dupilumab for Atopic or Psoriasiform Dermatitis in Patients with Inflammatory Bowel Disease. Dig Dis Sci. 2023 Apr;68(4):1121-1124. doi: 10.1007/s10620-022-07684-5. Epub 2022 Sep 5. PMID: 36064828.
5. Rachel Drayne, Rosalind Hughes, Deirdre O'Donovan, BG08 Drug-induced colitis secondary to dupilumab prescribed for pompholyx eczema–bullous pemphigoid overlap: a case report, British Journal of Dermatology, Volume 193, Issue Supplement_1, July 2025, ljaf085.354,
6. Gisondi P, Maurelli M, Costanzo A, Esposito M, Girolomoni G. The Combination of Dupilumab with Other Monoclonal Antibodies. Dermatol Ther (Heidelb). 2023 Jan;13(1):7-12. doi: 10.1007/s13555-022-00851-6. Epub 2022 Nov 10. PMID: 36355314; PMCID: PMC9823163.