

EOSINIPHILIC ESOPHAGITIS (EoE)



Eosinophilic esophagitis (EoE) is a recently recognized allergic/immune condition. A person with EoE will have swelling of the esophagus (the tube that sends food from the mouth to the stomach), caused by the buildup of a large number of eosinophils, a type of white blood cell, not normally found in the esophagus. This buildup is believed to occur because of acid reflux or a reaction to foods.

EoE can occur at any age and most commonly occurs in white males. The symptoms of EoE vary with age. In infants and toddlers, you may notice that they refuse their food or are not growing properly. School-age children often have recurring abdominal pain, vomiting or trouble swallowing. Teenagers and adults most often have difficulty swallowing. The esophagus can narrow to the point that food gets stuck.

Other common symptoms include:

- Reflux / heartburn that does not respond to usual therapy (which includes proton pump inhibitors, a medicine which stops acid production in the stomach)
- Difficulty swallowing (dysphagia)
- Food impactions (food gets stuck in the throat)
- Nausea and Vomiting
- Failure to thrive (poor growth, malnutrition or weight loss, due to poor appetite)
- Abdominal or chest pain
- Difficulty sleeping
- Cough (possible)

In general, lower gastrointestinal symptoms such as diarrhea or bloating are not typically associated with EoE.

The majority of patients with EoE are 'atopic', meaning someone who has a genetic tendency towards one or more of the classic allergic disorders such as asthma, allergic rhinitis, atopic dermatitis (eczema) and food allergy.

The diagnosis of EoE is made through an endoscope viewing (small tube with a camera which is inserted through the mouth) and multiple small tissue samples (biopsies), which the pathologist reviews under the microscope to confirm that there are a significant number of eosinophils in the tissue.



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Currently, treatment of EoE is directed at controlling symptoms, reducing eosinophil levels in the tissue, and preventing complications of the disease, such as food impactions.

Treatment for EoE commonly includes:

- Elimination and elemental diets to decrease allergen exposure - dairy products, egg, soy, wheat, nuts and seafood are the most common food allergens found in patients with EoE. Generally, these six foods are removed from a person's diet for several weeks and symptoms generally improve. After this, foods are slowly reintroduced in an attempt to discover the food(s) causing the allergy. Skin tests may also identify allergens to avoid.
- Acid suppression with the use of proton pump inhibitors (PPI) to treat gastroesophageal reflux disease (GERD), which may mimic or contribute to EoE.
- Topical glucocorticoids such as fluticasone, budesonide, and ciclesonide which are swallowed instead of inhaled, to decrease esophageal inflammation.
- Esophageal dilation (stretching) to treat strictures is effective for relieving dysphagia, but has no effect on underlying inflammation.
- Other treatments that have been studied include systemic glucocorticoids, antihistamines, immunosuppressants, and immunomodulators.

The long-term clinical impact of EoE is largely unknown, but studies suggest extended chronicity, though with proper treatment, individuals with EE can lead a normal life.

For more information visit:

American Academy of Allergy Asthma & Immunology

<http://www.aaaai.org/conditions-and-treatments/related-conditions/eosinophilic-esophagitis.aspx>

Eosinophilic Esophagitis Home

<http://www.eosinophilicesophagitishome.org/>

Allergy/Asthma Information Association

http://www.aaia.ca/en/eosinophilic_esophagitis.htm

Kids with Food Allergies

<http://www.kidswithfoodallergies.org/resourcespre.php?id=24>