Eosinophilic Esophagitis

Eosinophilic esophagitis (EoE) is a frequently recognized allergic/immune condition. A person with EoE will have inflammation or swelling of the esophagus caused by the accumulation of eosinophils. Eosinophils are a type of white blood cell that are not normally found in the esophagus. EoE can occur at any age and most commonly occurs in Caucasian 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, trouble swallowing or vomiting. Teenagers and adults most often have difficulty swallowing. The esophagus can narrow to the point that food gets stuck.

Allergists and gastroenterologists are seeing many more patients with EoE due to an increase in the frequency of EoE and greater physician awareness. EoE is considered to be a chronic condition. Other diseases can also result in eosinophils in the esophagus, particularly acid reflux.

Making the Diagnoses
Currently, the only way to diagnose EoE is with an endoscopy and biopsy of the esophagus. There are certain criteria for diagnosing EoE that are followed by gastroenterologists, pathologists and allergists. These include a history consistent with EoE, a visual look at the esophagus during the endoscopy procedure, and careful evaluation of tissues taken from the esophagus by a pathologist.

Eosinophilic Esophagitis and Allergies
The majority of patients with EoE are atopic. An atopic person is someone who has a family history of allergies or asthma and symptoms of one or more allergic disorders. EoE has also been shown to occur in other family members. After the diagnosis of EoE has been made by a gastroenterologist, it is important to have allergy testing. It will provide you, your family and the gastroenterologist with information so that any allergic aspects of EoE can be properly treated. It will also help plan diet therapy and eventual reintroduction of foods to your diet.

Environmental allergies to substances such as dust mites, animals, pollen and molds can play a role in EoE. For some patients, it may seem like their EoE is worse during pollen seasons. Allergy testing for
these common environmental allergies is often part of the EoE evaluation.

Adverse immune responses to food are the main cause of EoE, however, the relationship between food allergy and EoE is complex. In many types of food allergy, the triggers are easily diagnosed by a history of a severe allergic reaction like hives after ingestion of the food. In EoE, it is more difficult to establish the role of foods since the reactions are slower and so a single food is hard to pinpoint as the trigger. Allergists may do a series of different allergy tests to identify the foods causing EoE. Foods such as dairy products, egg, soy and wheat are main causes of EoE, yet, allergies to these foods often cannot be easily proven by conventional allergy tests (skin tests, patch tests or blood tests). Once a food has been removed from a person’s diet, symptoms generally improve in a few weeks.

**Treatment**

If you are diagnosed with specific food allergies after allergy testing, you will be asked to remove these foods from your diet. In some individuals this helps control their EoE. Eliminating major food allergens from the diet before any food allergy testing is also an accepted treatment of EoE. The foods excluded usually include dairy, egg, wheat, soy, peanut, tree nuts and fish. These diets have been shown to be very helpful in treating EoE, although they can be very difficult to follow. Foods are typically added back one at a time with follow up endoscopies to make sure that EoE remains in control.

An extreme dietary approach is an elemental diet, wherein all sources of protein are removed from the diet. The patient receives their nutrition from an amino acid formula as well as simple sugars and oils. All other food is removed from the diet. A feeding tube may be needed since many people do not like the taste of this formula. This approach is generally reserved for children with multiple food allergies who have not responded to other forms of treatment.

No medications are currently approved to treat EoE. Glucocorticosteroids, which control inflammation, have been shown to reduce the number of eosinophils in the esophagus and improve symptoms. Swallowing small doses of corticosteroids is the most common treatment. Proton pump inhibitors, which control the amount of acid produced, have also been used to help treat EoE.

**Working with Your Doctors**

EoE is a complex disorder. It’s important to have cooperation among physicians and families. When you first find out you have EoE, it can be overwhelming. Visit the following lay organization websites for more information: [www.apfed.org](http://www.apfed.org) (American Partnership for Eosinophilic Disorders) and [www.curedfoundation.org](http://www.curedfoundation.org) (Campaign Urging Research for Eosinophilic Disorders).