

Eosinophilic Esophagitis (EoE)

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What are Gastrointestinal Eosinophilic Diseases (EGIDs)?

EGIDs are a group of diseases that may have a wide variety of gastrointestinal (GI) symptoms. Symptoms occur in combination with increased numbers of eosinophils in the gastrointestinal lining. Eosinophils are a type of white blood cell that has often been seen with allergic diseases, but which also are found in other diseases. The abundance of eosinophils can inflame or damage the GI tract.

Depending on the part of the GI tract affected, EGIDs can be called a variety of different names, such as:

- eosinophilic esophagitis (EoE)
- eosinophilic gastritis (EG)
- eosinophilic gastroenteritis (EGE)
- eosinophilic colitis (EC)



What is eosinophilic esophagitis (EoE)?

Although EGID can affect all parts of the GI tract, esophageal esophagitis is the most common form. The esophagus is the tube that connects the mouth to the stomach. EoE causes inflammation in the esophagus, which over time can cause scarring and narrowing of the esophagus.

What are common symptoms?

The symptoms of EoE may include swallowing problems (dysphagia), vomiting, food getting stuck in the esophagus (food impaction), heartburn or chest pain, abdominal pain, coughing or slow growth.

EoE can affect people of any age, although younger children tend to have problems with weight gain and chronic abdominal pain; while teenagers and adults have more problems with swallowing and food getting stuck. Many people will change their eating habits to decrease symptoms, such as taking a long time to chew their food, taking smaller bites of foods, drinking a lot of fluids to get the food down and avoiding foods with tougher textures such as breads or meats.

How is EoE diagnosed?

The doctor will ask questions about your/your child's health and symptoms. Make sure to tell the doctor if anyone in your family has allergies or a history of difficulty swallowing. If family members have allergies or EoE, the chances of having allergies increase. Your doctor uses the following information to make a diagnosis of EoE:

- History of symptoms
- Family history of symptoms
- Physical exam
- Allergy tests
- Endoscopy — An endoscopy allows the gastroenterologist (doctor who specializes in diseases of the digestive tract) to look inside the esophagus, stomach and upper small intestine. These are the upper portions of the digestive system. The doctor will use a small flexible tube, starting at the mouth, to see inside the body. The doctor may also do a biopsy during the endoscopy. During a biopsy, a small amount of tissue is taken from the lining of the digestive system. The tissue can be studied closely to help determine the diagnosis and the best treatment.

How is EoE treated?

There are three main ways of treating EoE: Proton pump inhibitors, diet and swallowed corticosteroids.

- If EoE is aggravated by gastroesophageal reflux, treating the reflux may help the EoE. This may include medication (Proton pump inhibitors), lifestyle, physical and dietary measures to decrease reflux.
- Changing the diet based on food allergy testing usually isn't as effective as eliminating the most common food triggers for EoE. They include cow's milk, egg, soy and wheat.
- Inhaled corticosteroids may be sprayed in the mouth and swallowed to help reduce inflammation in the esophagus. Ask your health care provider how to use this medication correctly.
- If a constriction of the esophagus is seen during the endoscopy, widening (dilation) of the esophagus may be done. This can help with food impaction and trouble swallowing.
- Research studies are currently underway to assess the effectiveness of certain medications (e.g., biologic agents such as mepolizumab).

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