Eosinophilic Esophagitis (EoE) Quick Facts

Eosinophilic esophagitis (EoE) occurs when a type of white blood cell, the eosinophil, causes injury and inflammation to the esophagus. EoE affects both adults and children. The cause is unknown, but it is believed to typically be caused by an immune response to specific foods. EoE is the most common and best understood eosinophilic gastrointestinal disorder.

Symptoms:
- Reflux that does not respond to medication (acid suppressors) – infant, child, adult
- Difficulty swallowing – child, adult
- Food impactions (food gets stuck in the esophagus) – older children, adult
- Nausea and vomiting – infant, child, adult
- Failure to thrive (poor growth, malnutrition, or weight loss) and poor appetite – infant, child, rarely adult
- Abdominal or chest pain – child, adult
- Feeding refusal/intolerance, maladaptive eating habits, or poor appetite – infant, child
- Difficulty sleeping due to chest or abdominal pain, reflux, and/or nausea – infant, child, adult

Associated Diseases:
- Environmental and/or food allergies in some
- May occur in conjunction with other eosinophilic gastrointestinal disorders, such as eosinophilic colitis (EC), eosinophilic gastritis (EG), and eosinophilic gastroenteritis (EGE).

Causes:
- Ongoing research has identified genetic factors and risk factors
- Evidence has identified allergic mechanisms play an important role

Diagnosis:
- Upper endoscopy of esophagus, stomach, and the first part of the small intestine. Biopsies from the esophagus are necessary to make the diagnosis.
- Increased levels of eosinophils in the esophagus causing injury on biopsy, in the context of symptoms consistent with EoE.

Findings:
- Endoscopy may show esophageal rings, longitudinal furrows, exudates (white spots), edema (swelling or congestion), and strictures (narrowing) of the esophagus.
- Biopsy: Eosinophils invading the large esophagus; might involve the stomach and/or the first part of small intestine. Biopsy may show chronic inflammation. Consensus recommendations on diagnosis and management are available.

Allergy Testing
- Allergy testing may be helpful in some patients to identify and remove offending food allergens.

Management:
- Avoid known food allergens or triggers (can be called an “empiric elimination diet” or a “targeted elimination diet”
- Elemental diet (avoid all food protein and obtain all nutrition from a special formula)
- Acid suppressors (proton pump inhibitors [PPIs])
- Swallowed topical steroids (fluticasone or budesonide)
- Nutritional support as needed
- An esophageal dilation may be considered to treat a narrowed esophagus.

Prognosis:
- Depends on initial disease severity assessment and response to treatment
- Recurrent episodes may occur

About APFED: The American Partnership for Eosinophilic Disorders (APFED) is a 501(c)3 non-profit organization for those living with eosinophilic disorders. APFED educates and raises awareness of these conditions, advocates for the unmet needs of patients, and supports research advances. APFED also hosts online community, community events, and an annual patient education conference. For more information, visit apfed.org.