

Eosinophilic esophagitis, gastritis, gastroenteritis, enteritis and colitis FAQs

Q: Are there consensus guidelines for EGE & EC?

A: Not at the current time, in part because so few patients have EGE and EC. The American Academy of Asthma, Allergy, and Immunology and the leading gastroenterology groups have created a bi-annual symposium on eosinophilic digestive disorders which may lead to future clinical treatment guidelines and management. For more information about The International Gastrointestinal Eosinophil Researchers: <http://tiger-egid.cdhnf.org/>

The value of the consensus statement on EoE is that it came from existing medical literature rather than just opinion. Comparable data for EGE and EC does not exist, and most literature is limited to case studies (very small numbers). Research is being done, but it is difficult to get enough patients. Given the apparent increase in cases noted around the country by many physicians, it is likely that more research findings will develop in the next few years.

Q: Is there a correlation between cancer and EGIDs?

A: There is no current clinical medical evidence of a link between EGIDs and cancer of the esophagus.

Q: Are EGIDs deadly?

A: EGIDs are generally not immediately life threatening, though they have a significant impact on quality of life. Complications from EGIDs can develop that may become deadly without intervention, such as severe malnutrition, dehydration, or food impaction due to structural changes in the esophagus. These issues are more likely to have significant impacts on infants and young children unlike teens/adults who can describe difficulties more easily.

Q: Can the treatment info on EoE be applied to EGE & EC?

A: The global approach to treating all EGIDs is to reduce inflammation. The principles of treatment are the same from EoE to EGE and EC. Continued monitoring for development of inflammatory bowel diseases should always be considered since some treatments for EGE and EC can also mask the development of inflammatory bowel diseases such as ulcerative colitis or Crohn's.

Q: Should we be concerned about scarring from repeated scopes and biopsies?

A: The risk of scarring from endoscopy itself is virtually zero. The scope itself does not cause trauma under normal circumstances and the size of biopsies are very small. There is a small risk associated with repeated anesthesia; and there is always risk with any procedure. If the gastroenterologist encounters severe strictures in the esophagus, some will implement balloon dilation which carries its own risks that need to be discussed between patient and physician. This is more typical in teen and adult patients.

Q: Can you define Allergic vs. Non-allergic EoE? Is a patient non-allergic if they have negative allergy testing?

A: Non-allergic EoE is diagnosed when a patient has failed dietary elimination, including elemental diet. There may be an allergic component to the disease for these patients, but after extensive attempts to exclude food, food does not seem to be the allergen. Unfortunately no testing is perfect and there are some individuals with food sensitive EoE that do not have positive tests (RAST, skin testing, or patch testing). In addition, there is growing evidence that there are individuals who may have aeroallergen sensitivity (season allergens like grass pollen) that may be contributing to the development of EoE. They tend to be older patients (teenagers and adults) and have seasonal variation in their symptoms without association of changes with dietary manipulation. Also, there are some people with allergic anaphylactic food allergies that have specific allergies to foods that may or may not contribute to the development of EoE. Treatment often includes pharmacologic therapy for the EoE in addition to treatment of other allergic diseases.

From the APFED 2010 Denver Conference with Drs. Furuta, Putnam, Markowitz
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