

## Eosinophilic Esophagitis (EoE)

**EoE- What is it?** A chronic, immune / antigen mediated, esophageal disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation. To date, evidence suggests that patients do not outgrow this disease; thus all patients require ongoing and chronic disease management.

**How is EoE diagnosed?** EoE is diagnosed by taking into consideration all clinical and pathologic information, and should remit with appropriate treatments

- **Endoscopy with Biopsy** is considered the only reliable EoE diagnostic test. Multiple (2-4) biopsies each from the proximal and distal esophagus should be obtained. Endoscopic features can suggest but cannot diagnose EoE.
- Gastric and duodenal biopsies should be examined to exclude other potential causes of eosinophilic inflammation. By definition, EoE is isolated to the esophagus.
- **15 eosinophils/hpf** (peak value) is considered a minimum threshold to make a diagnosis of EoE.
- The most common **other cause of esophageal eosinophilia** that **should be excluded** before making the diagnosis of EoE is gastroesophageal reflux disease (GERD).

### What symptoms should trigger a gastroenterology referral to evaluate for EoE?

- Dysphagia, Odynophagia and Feeding Dysfunction
- GERD unresponsive to medical or surgical therapy
- Vomiting
- Food Impaction
- Abdominal Pain
- Anorexia and Early Satiety

### Why should patients with EoE see an Allergist/Immunologist?

- Assess for **co-morbid allergic diseases** and **aeroallergen sensitization**. This will allow for treatment of all allergies and help determine whether seasonal variability of symptoms may be contributing to EoE exacerbations, as well as to control concurrent atopic diseases.
- **Skin prick tests, serum IgE tests, and food patch tests** may be used to help identify foods that are associated with EoE, but are *not* sufficient to make the diagnosis of food allergy driven EoE.
- **Medically supervised food reintroduction** may be necessary for patients with previous allergic reactions to a food or IgE-mediated sensitivity.
- Foods that trigger EoE can only be identified by documenting disease remission and recrudescence after specific food elimination and addition.

### How is EoE treated?

- **Dietary therapy- Amino acid based formulas and dietary elimination** are very effective therapies for children with EoE; use in adults requires further study. Patient's lifestyle, adherence to therapy and family resources should be considered when instituting these treatments. **Consultation with a registered dietitian** is necessary to insure adequacy of calories, protein and micronutrients that may be missing with removal of allergic foods.
- **Steroids- Topical** corticosteroids are effective therapy for EoE in children and adults. Systemic corticosteroids may be used for emergent situations (severe dysphagia, hospitalization, weight loss) but caution is warranted for chronic management of EoE.
- **Dilation of strictures-** When indicated, dilation provides relief of dysphagia. In some patients, a trial of medical or dietary therapy prior to esophageal dilation may be used.
- **Other treatments-** Cromolyn sodium, leukotriene receptor antagonists, and immunosuppressives (azathioprine or 6-MP) **have not shown benefit** in the treatment of EoE.

### References and Resources:

- Eosinophilic esophagitis: Updated consensus recommendations for children and adults. J Allergy Clin Immunol. 2011 Jul;128(1):3-20.2011

The American Partnership for Eosinophilic Disorders

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