Eosinophilic Oesophagitis (EoE)
Frequently Asked Questions

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For patient or carer support contact Allergy & Anaphylaxis Australia or Allergy New Zealand.

Q 1: What is Eosinophilic Oesophagitis (EoE)?

Eosinophilic oesophagitis (EoE) occurs when white blood cells called eosinophils build up in the lining of the oesophagus, which is the muscular tube that connects the mouth to the stomach. This can be due to an allergic reaction to food or other causes in the environment.

Most cases of EoE are seen in people with other allergies such as allergic rhinitis (hay fever) and asthma. The number of adults and children with EoE appears to be increasing but it is not known why.

Q 2: What are the symptoms of Eosinophilic Oesophagitis (EoE)?

The symptoms of EoE may be different in children and adults.

Symptoms of EoE in children include:

- Slow eating
- Food impaction/food bolus obstruction (FBO) which is when food gets stuck in the oesophagus
- Choking or gagging on food
- Regurgitation of food
- Abdominal (stomach) pain

Symptoms of EoE in adolescents and adults include:

- Trouble swallowing
- Food impaction/FBO
- Regurgitation of foods
- Severe acid reflux (heartburn) that does not respond to medications
- Chest pain when eating
- Chewing longer and drinking more water with solid food/s

Most people with mild reflux and vomiting do not have EoE.

EoE symptoms in infants (babies) may get better in the first few years of life, particularly if only one or two foods are the cause. If symptoms first appear in older children and adults, they are usually lifelong.

If left untreated, around 30-50% of children and adults with EoE will eventually get food impaction/FBO, which may need to be removed in hospital. This can cause permanent scarring and narrowing (stricture) of the oesophagus.

Q 3: How is Eosinophilic Oesophagitis (EoE) diagnosed?

Diagnosis of EoE should always be confirmed by a medical procedure (endoscopy with biopsy) usually performed by a gastroenterologist. Biopsies are looked at under a microscope to check for eosinophils.

Endoscopies and biopsies are also used to see how the body is responding to treatment. These are used as looking at symptoms alone may not show how well the disease is controlled.

Allergy testing is not recommended in EoE unless a person has had allergic symptoms quickly after eating food. Allergy testing may not reliably show how the body will react to changing the diet.

Q 4: Do people with Eosinophilic Oesophagitis (EoE) usually have other allergic conditions?

Around 75% of people with EoE have other allergic conditions such as allergic rhinitis or asthma. Some people find that their EoE symptoms appear only during Spring when they are exposed to pollens.

Pollen immunotherapy is not recommended to specifically treat EoE. There is no high-quality evidence of benefit of this therapy.

Q 5: How is Eosinophilic Oesophagitis (EoE) treated?

Most people with EoE are co-managed by a medical specialist and a specialist dietitian. Treatment options for EoE include:

- Dietary modification (changes to the diet) - some foods are removed for a period and then re-introduced, one at a time, to see which foods cause symptoms. A gastroenterologist or clinical immunology/allergy specialist may recommend this, and it should be supervised by a dietitian.
- Corticosteroids which are swallowed to help reduce inflammation and scarring:
    - Puffers (fluticasone)
    - Liquid (budesonide) made up as a paste/slurry
    - Dissolving tablets (budesonide)
- Medications to decrease acid production, called proton pump inhibitors (PPIs) which can help to reduce inflammation.
- Dilation - a procedure which is often used with endoscopy if the oesophagus is very narrow.

It is important to have a plan to manage EoE and a plan if your symptoms get worse, to be completed by your doctor.

Adrenaline (epinephrine) and antihistamines do not play a role in the management of EoE.

Some people with EoE may also have a food allergy and be at risk of anaphylaxis. These people should have an ASCIA Action Plan for Anaphylaxis and adrenaline to treat that food allergy.

Q 6: How is food bolus obstruction (FBO) treated?

When food gets stuck in the oesophagus (food impaction/FBO) treatments include:

- Medications such as oral nitroglycerin or salbutamol
- Carbonated (fizzy) fluid
- Removal of the food by endoscopy

Q 7: How should the diet be changed for people with eosinophilic oesophagitis (EoE)?

When food is the cause of EoE, cow's milk (dairy products), wheat and egg are the most common triggers. Soy, seafood and nuts can also be triggers. Some studies have found that people with EoE may benefit if these foods are removed from the diet.

There are currently questions about the role of allergy and diet in EoE that need to be answered by more research. In some people, symptoms may get better with changes to the diet, but the biopsy will still show inflammation. It is still unclear whether the aim should be to settle symptoms only, or to also control inflammation.

Diet changes for EoE should be started by a medical specialist and supervised by a dietitian to ensure good nutrition. Changes may include:

- **Common food allergen elimination diets -** removal of cow's milk, soy, egg and wheat. There may be more foods removed based on allergy testing or patient history.
- **Step-up diets -** one to two foods are removed at first, to see if symptoms improve and a biopsy is done if they do. More foods are removed if there is still inflammation in the biopsy.
- **Amino acid-based diets -** amino acid/elemental formula can be used in babies with EoE. It may not be practical for older children or adults.

Q 8: Are action plans, management plans and dietary guides available for EoE?

ASCIA has developed:

- ASCIA Action Plan* for EoE – for emergency treatment of food impaction/FBO due to EoE.
- ASCIA Management Plan* for EoE – to guide ongoing treatment and management of EoE
- ASCIA Dietary guides for Two Food Elimination Diet (2FED) and Four Food Elimination Diet (4FED)

These resources are available on the ASCIA website www.allergy.org.au/patients/food-other-adverse-reactions

* These plans are medical documents that can only be completed and signed by the patient's clinical immunology/allergy specialist or gastroenterologist and cannot be altered without their permission.

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