

## EOSINOPHILIC ESOPHAGITIS

Important information regarding your health

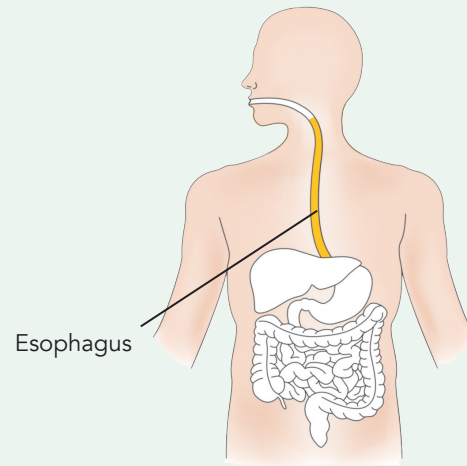
Eosinophilic esophagitis (EoE) is an inflammatory disease of the esophagus. Although the disease was first described in children, it occurs in adults as well. EoE is a chronic disease that may be associated with increased numbers of eosinophils in the esophagus.

Prior to the discovery of EoE, patients were inadvertently diagnosed as having gastrointestinal reflux disease (GERD) and prescribed Proton Pump Inhibitors (PPIs) under the assumption that their problem was caused by excess stomach acid. The symptoms of GERD and EoE are often similar, and this makes the diagnosis more difficult. Common symptoms include difficulty in swallowing, food impaction, and heartburn.

Recently, research has begun looking for links between EoE and autoimmune diseases. Some EoE patients suffer from skin conditions, such as psoriasis or seborrheic dermatitis, or from respiratory conditions, such as asthma or allergic rhinitis. Currently, there is no proven link between EoE and esophageal cancer.

### Diagnosis:

At this time, the only reliable methods used to diagnose EoE is an upper endoscopy - to look at the upper esophagus - and an examination of multiple esophageal biopsies. The endoscopy is performed by a gastroenterologist. The upper endoscopy is normally performed as an outpatient procedure, with local anesthetic spray or the administration of mild sedation. Biopsy samples must be taken from multiple sites on the surface of the esophagus to ensure that the condition is not overlooked.



The diagnosis of EoE is based on clinical and pathologic findings. The clinical features are primarily a ringed appearance to the esophagus lining at upper endoscopy. Sometimes, multiple rings may occur in the esophagus. These are described as “corrugated esophagus” or “feline esophagus” due to the similarity to the normal rings of the cat esophagus.

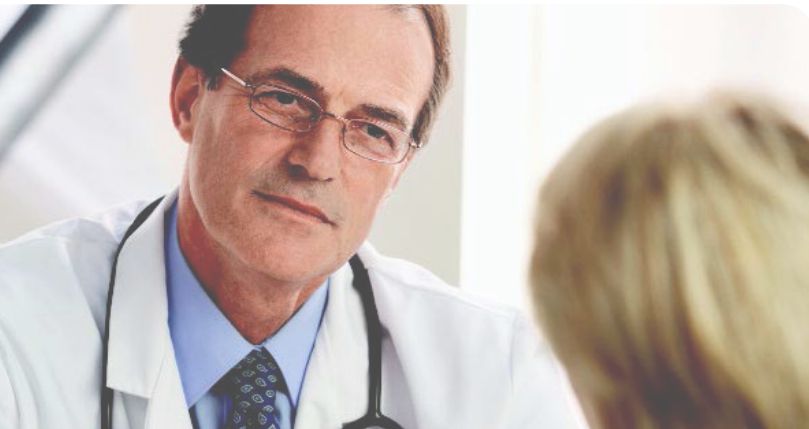
The histology (pathology) findings characteristically demonstrate reactive changes to the esophagus mucosa and increased numbers of eosinophils in the mucosa. Eosinophils rarely occur in normal esophageal mucosa.

### Treatment Options:

The initial approach is often allergy evaluation in an attempt to identify the allergens in the diet or environment that may be triggering the disease. Treatment strategies include medical therapy, mechanical dilatation of the esophagus, and dietary modification to exclude food allergens. If the offending agent is found, the diet is modified so that these allergens are eliminated. There are cases, especially in children, where multiple food allergies are involved. Some patients require an elemental diet through the use of a specialty formula. Adhering to this diet and drinking the required amount of formula can be difficult.

A minority of EoE patients appear to be non-atopic (i.e., nonallergic), yet still present with this disease. EoE can cause severe pain in many patients. First-line therapy is with swallowed liquid corticosteroids. Proton pump inhibition (PPI) historically had no role in the treatment of EoE, although some recent evidence suggests that a significant proportion of patients with suspected EoE achieve clinico-pathological remission on PPI therapy. EoE patients, by definition, have persistent symptoms, even with acid-inhibition therapy.

*continued on back*





## For more information:

### **American College of Gastroenterology**

P.O. Box 342260  
Bethesda, MD 20827-2260  
**Phone:** 301.263.9000  
**Internet:** [www.gi.org](http://www.gi.org)

### **American Gastroenterological Association**

4930 Del Ray Avenue  
Bethesda, MD 20814  
**Phone:** 301.654.2055  
**Internet:** [www.gastro.org](http://www.gastro.org)

For this reason, alternative medical therapies are often employed. Treatments that target the inflammation or attempt to halt the allergic response may be used.

Mechanical dilatation may be considered in severe cases of EoE that have progressed to esophageal stricture or severe stenosis. Dilatation is accomplished by passing dilators through the mouth and down the esophagus to gently expand its diameter. Since the esophagus of patients with EoE may be thin and delicate, care is taken not to perforate the esophagus by overzealous dilatation.

### **Questions to Ask Your Healthcare Provider:**

- What treatment option is best for me?
- What are the potential side effects?
- What dietary or lifestyle changes do you recommend?

### **Physician Notes:**

---

---

---

---

---



11025 RCA Center Drive, Suite 300  
Palm Beach Gardens, FL 33410

[www.auroradx.com](http://www.auroradx.com)

*This handout is a service provided by Aurora Diagnostics. It is intended for patient education and information only. It does not constitute advice, nor should it be taken to suggest or replace professional medical care from your physician. Your treatment options may vary, depending upon your medical history and current condition. Only your physician and you can determine your best option.*

START WITH THE RIGHT **PATH.**