

Eosinophilic Oesophagitis (EoE)

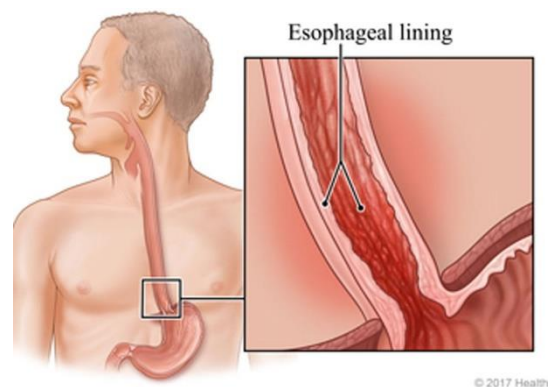
What is EoE?

Eosinophilic Oesophagitis (EoE) is an allergic condition affecting the oesophagus, the muscular tube that connects the mouth to the stomach. In EoE, allergy cells (called eosinophils) cause the lining of the oesophagus to become abnormal. This happens because of an allergy to food (s) and/or aero-allergens (e.g. pollens and grasses). EoE is more common in people with other allergies such as hay fever (allergic rhinitis), eczema and asthma. EoE is estimated to affect around 1 in 2000 people (children and adults) and appears to be becoming more common.

What are the symptoms of EoE?

The symptoms of EoE vary from one person to the next but commonly include:

- Eating issues (slow to eat, needing soft or pureed (thickened fluid) foods, needing to drink when eating, fussiness or avoidance of certain foods)
- Poor appetite, not wanting to eat
- Poor weight gain
- Difficulty swallowing or food sticking on the way down the oesophagus
- Nausea, persistent gagging or retching and/or unexplained vomiting
- Abdominal (stomach) or chest pain
- Food getting stuck in the oesophagus when eating



How is EoE diagnosed?

EoE is usually suspected based on symptoms, **but diagnosis requires a gastroenterologist to perform an endoscopy and biopsy.** An endoscopy involves a tube with a light and camera attached being inserted into the oesophagus to look at the inside of the oesophagus. The individual is sedated or under general anaesthetic for this procedure. Tissue samples are taken during the endoscopy and reviewed by a pathologist to assess the number of eosinophils present in the oesophagus. Eosinophils are a type of white blood cell and high numbers indicate high levels of inflammation. Most people with EoE are

managed by gastroenterologists, and co-managed with clinical immunology/allergy specialists and specialist dietitians.

What are the treatment options for EoE?

There is currently no cure for EoE. The goal of treatment is to improve symptoms through the elimination or reduction of eosinophils in the oesophagus. Current treatment options include medications and/or a specialised diet. Some

A small number of patients may also need to undergo a procedure to help stretch open the narrowed oesophagus. This makes swallowing easier, and helps prevent food from getting stuck when eating. This procedure is done under a general anaesthetic.

Medication Treatments

1. Anti-acid medications that reduce acid production, used in the treatment of reflux can also be effective for some patients with EoE.
2. Corticosteroid medication given in a way that allows the steroid to coat the lining of the oesophagus can reduce eosinophils and inflammation. These are usually taken as sprays that are swallowed, or liquid preparations usually mixed with an artificial sweetener and swallowed.

Dietary Treatment

For many people with EoE, symptoms can be triggered by food/s (most commonly milk, wheat, egg and soy). Identifying EoE food triggers can be very challenging with typical allergy testing methods not always useful. Reactions to foods are usually not obvious, as they may take days to weeks to occur. Changes to the diet including removing a food, or whole food groups, should be undertaken under the direction of a medical specialist and supervision of a specialised dietitian.

EoE – the future?

There is currently no cure for EoE and it is thought to be a lifelong condition. However, EoE diagnosis, management and treatment options are a rapidly developing area of research and do help improve quality of life. New medication therapies and improved diet treatments are also on the horizon.

Useful links

The Australasian Society of Clinical Immunology and Allergy (ASCI) is the peak professional body of clinical Immunology/allergy specialists in Australia and New Zealand: www.allergy.org.au/patients/food-other-adverse-reactions/eosinophilic-oesophagitis

Australian Support Network for Eosinophilic Oesophagitis and related disorders: www.ausee.org