

Eosinophilic Esophagitis

Eosinophilic Esophagitis, also known as EoE for short, is an allergic condition in which a special type of white blood cell, called an eosinophil, builds up in the lining of the esophagus. This inflammation in the esophageal lining can lead to chest pain or food getting stuck in the esophagus. Only recently discovered, this condition now appears to be one of the most common causes of difficulty swallowing in persons age 20 to 40.

Symptoms

The most common symptom of Eosinophilic Esophagitis (EoE) is difficulty swallowing, medically known as dysphagia. Trouble swallowing may also lead to food becoming stuck, or impacted, in the esophagus. Less common symptoms include persistent heartburn, chest pain, and shortness of breath.

Causes

As EoE was only identified less than two decades ago, the exact causes are still being studied. While eosinophils are found normally in small numbers throughout the digestive system lining, in patients with EoE there are many more of these cells in the esophagus. It is believed this build up, which can cause additional inflammation and subsequent scarring, is most likely attributable to an allergic reaction to food or something in the environment. Additionally, new research suggests a possible genetic predisposition to EoE as patients often have a family history of the condition and other allergic disorders.

Diagnosis

To diagnose Eosinophilic Esophagitis, your gastroenterologist will need to look at the lining of your esophagus, which are obtained from biopsies obtained during an upper endoscopy. Upper endoscopy, medically called an EGD (short for esophagogastroduodenoscopy), is a visual examination of the esophagus, stomach and first portion of the small intestine using a lighted, flexible scope.

Your physician will examine the lining of the esophagus looking for inflammation and other signs of EoE. Some patients with EoE will not show any signs of damage. If EoE is suspected your physician will take biopsies from the lining of the esophagus to be examined by experienced pathologists to confirm the presence and quantity of eosinophils.

Treatment

While there is no “cure” for EoE, there are many treatment options to manage the condition. As allergens are the primary cause, you may be referred to an allergist or dietitian to identify and

remove trigger foods from your diet. Milk, eggs, nuts, wheat and soy are the most common food culprits, and pollens, pet dander and dust mites are common environmental allergens.

Medications can also prove helpful. In some cases, EoE can be relieved with acid reducing medications like PPI's, proton-pump inhibitors. If your condition does not improve with PPI's, your physician may recommend topical steroids in very low doses. Steroids, swallowed as a liquid or sprayed by an inhaler into the back of the throat, reduce the inflammation associated with eosinophils buildup in the esophagus and allow your esophagus to heal.

If you have persistent difficulty swallowing after treatment with acid blockers and steroids, your physician may recommend an esophageal dilation. This procedure allows your physician to gently stretch a narrowed area of the esophagus to provide relief from symptoms.