

Eosinophilic Esophagitis (EoE)

An eosinophil, or allergy cell, is a type of white blood cell involved in allergies and sometimes swelling (inflammation). Eosinophilic esophagitis (EoE) is when there are too many eosinophils in the esophagus (the tube that connects the mouth to the stomach). EoE is a lifelong disease that can be managed with ongoing care and treatment.

Causes

The exact cause of EoE is not known and is thought to have many factors. It is typically caused by the body's response to specific foods. Common triggers are cow's milk, eggs, wheat, soy, nuts, fish, and shellfish. Many children with EoE have other allergies, and it may be genetic (inherited).

Signs and Symptoms

- Vomiting, poor weight gain, feeding problems, and/or picky eating
- Trouble swallowing (dysphagia), drinking to help food go down, taking a long time to eat
- Food getting stuck in the esophagus (Seen most often in older children or adults.)

Diagnosis

- **Upper endoscopy** – Your child will be sedated by medicine given through an intravenous (IV) tube. The gastroenterologist (GI doctor) will place a small tube called an endoscope into their mouth. Small tissue samples (biopsies) are taken and looked at. If your child has a higher number of eosinophils, this may be due to EoE.
- **Transnasal endoscopy (TNE)** – During this test, your child will **not** be sedated and will **not** get an IV. Your child will not have any food or drink for 2 to 4 hours before the procedure. They will get a numbing nasal spray and liquid to drink. A very soft, thin scope will be put in the nose. The process is like an office visit, as your child can go back to school or activities the same day after a TNE.

Treatment

- **Medicines**

- **Proton pump inhibitor (PPI)** is a medicine that decreases both stomach acid and eosinophils. Your child will take this medicine by mouth 1 or 2 times each day. It can be in the form of a pill, liquid, or tablet that melts.
- **Swallowed topical corticosteroids (STC)** therapy is a steroid spray or thickened liquid that coats the esophagus. Your child will swallow the liquid or spray the medicine in their mouth **and cannot** eat or drink for 30 minutes after.
- **Biologics**, like dupilumab, are injected medicines. Your child's doctor or health care provider will discuss if this is the right option for them.

- **Diet**

Your child's health care provider may discuss what foods to avoid but will most often start with avoiding cow's milk (dairy). This is done with the help of a dietician. In severe cases, children are put on a special formula and may need to have a feeding tube.

- **Dilation**

If your child's esophagus is too narrow, food may get stuck (food impaction). Dilation involves inflating a medical balloon or inserting a tube into the narrow section of the esophagus to stretch it out. This will help with symptoms but will not take away the eosinophils.

Living With EoE

If you stop EoE treatment, the eosinophils will come back. Your child should follow up with your EoE team at least one time each year after your child's EoE is in control.

If your child's EoE is not treated, the esophagus may become scarred and/or narrow. This can cause food to get stuck in the esophagus. If this happens, your child may need an emergency procedure to remove the food that is stuck.

Other Information

Good websites to check out for more information on EoE.

- NationwideChildrens.org/conditions/Eosinophilic-Esophagitis-EoE
- APFED.org
- [GIKids.org/Eosinophilic Esophagitis](http://GIKids.org/Eosinophilic-Esophagitis)