# FROM THE PARISH NURSE….

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The Parish Nurse found this brochure and its worth reading.

## Eosinophilic Esophagitis

Understanding Your Health

### What is Eosinophilic Esophagitis (EoE)?

**Eosinophilic Esophagitis (EoE) is a particular type of inflammatory condition of the esophagus. The esophagus is the food tube that connects our mouth to our stomach. Any time organ in the body becomes inflamed, we attach an "it is" to it. Esophagitis, therefore, is inflammation of the esophagus. There are many things that can cause inflammation of the esophagus, such as acid reflux and certain infections.**

What makes this condition different is that it involves a high number of eosinophils. To understand what eosinophils are, we need to look at the cells in our blood. Blood contains both red cells and white cells. The red cells carry oxygen to the organs, and the white cells circulate through the body to help fight infection. One type of white cell is called the eosinophil. These particular cells are involved in our body's allergic reactions. For example, eosinophils in the blood are increased in people with asthma.

So, putting these two words together, eosinophilic esophagitis is an inflammation of the esophagus generated by eosinophils. When triggered by some factor, perhaps an allergen in food, the eosinophils accumulate in the wall of the esophagus and cause an inflammatory reaction. This condition is seen throughout the world, in both children and adults. For unknown reasons, it is more common in men, though it occurs in women as well.

### How is EoE Diagnosed?

The diagnosis is often based on a history of difficulty swallowing, particularly in a younger person. Endoscopy is usually done to confirm the diagnosis. Endoscopy is a procedure where a lighted, flexible tube is passed into the mouth and down the esophagus while the patient is sedated. There are some features of eosinophilic esophagitis that can be seen with endoscopy, including "furrow" (narrow, long, linear channels down the esophagus) as well as thin, concentric rings of scar tissue. Small, white plaques, which are dense collections of eosinophils, can also be seen. If biopsies of esophageal tissue are taken, clusters of eosinophils can be seen when the biopsy samples are examined under the microscope. It is important that the person looking at the biopsy specimen understands the patient's history, so they can comment on the number of eosinophils seen. Other disorders can also produce eosinophils in the esophagus, such as reflux disease and inflammatory bowel disease.

### How is EoE Treated?

There is still much to learn about the best treatment for eosinophilic esophagitis. It is important to find an underlying cause if allergy is suspected. Sometimes, a person will have a known food allergy and this food should be avoided until it is known whether the food is associated with the symptoms. Common foods that may trigger eosinophilic esophagitis include egg, milk, soy, wheat and corn. Because of these potential associations, these foods may be eliminated from the diet and slowly reintroduced to determine if there is a correlation between the food and the symptoms. Allergy testing can also be carried out to help guide diet changes. Acid suppression with medications is often an initial approach. It is not always effective but is generally safe and may help some people. When there is a narrowing in the esophagus, sometimes a dilation is performed. Dilation needs to be

done carefully as eosinophilic esophagitis can make the esophagus quite stiff and narrow. Because of this, there is a greater risk of tearing or perforating the esophagus.

When people do not respond to diet changes or acid suppression, sometimes steroids are used. Liquid formulations of steroids like fluticasone (Flovent) and budesonide (Pulmicort) may be used. More potent steroids, such as prednisone, have also been found to be effective in patients who continue to have severe symptoms, but the risk and benefits of this approach need to be weighed individually and discussed with your physician.

## What are the Symptoms of EoE?

Common symptoms include difficulty swallowing food, heartburn that doesn't respond to typical therapy with antacids, and food lodging in the esophagus. Very young children may develop weight loss and difficulty feeding. Rarely, it can also cause chronic abdominal pain. By far, the most common symptom is food that either becomes stuck or feels like it has become stuck after is swallowed. Eosinophilic esophagitis stiffens the esophagus so that solid foods have difficulty passing. Some people have even had complete blockage of the esophagus, in which a piece of food gets stuck like a cork in a bottle top.

## What Causes EoE?

The cause of eosinophilic esophagitis is not fully understood, but it is suspected to be an allergic reaction. Some researchers speculate that the eosinophils are left over from a more acute infection, or that there is some environmental exposure such as pollen. Others believe it is an allergic response to certain foods or food additives. It tends to be more common in families with other environmental allergies or history of other allergic disorders, such as asthma. It also appears to be more common in urban areas and in more northern and arid environments.

## Summary

There is much to learn about eosinophilic esophagitis, but it appears to be happening more often and causing more people, particularly younger people, to have difficulty swallowing food. The symptoms may be controlled with acid suppression or identifying a triggering food group. Endoscopy is often used to diagnose the disorder based on the number of eosinophils on biopsy, but can also be used to follow a response to treatment. Elimination diets can be effective but referral to an allergist may be helpful to guide the diet changes. Finally, liquid steroids that coat the esophagus often control the symptoms.

Source: Meducate