



GastroDoxs
— defenders of the digestive system —

Eosinophilic Esophagitis

A Practical Guide For Patients

832-632-4070

info@gastrodoxs.com

TABLE OF CONTENTS

- 01** Introduction
- 02** What Causes Eosinophilic Esophagitis?
- 03** Symptoms
- 04** Diagnosis
- 05** Diet
- 06** Medications
- 07** Therapies
- 08** Coping
- 09** FAQs
- 10** Take Action



Introduction: **Eosinophilic Esophagitis**

Eosinophilic esophagitis (EoE) is a chronic, immune-mediated inflammatory disease of the esophagus characterized by an abnormal accumulation of eosinophils in the esophageal lining. It is increasingly recognized as a significant cause of upper gastrointestinal symptoms in both children and adults. Patients typically present with difficulty swallowing (dysphagia), food impaction, chest pain, heartburn resistant to acid-suppressing therapy, and, in children, feeding difficulties or poor growth. The exact cause of EoE is not fully understood, but it is strongly associated with food allergies, environmental allergens, and immune dysregulation. Diagnosis is confirmed through endoscopy with esophageal biopsy demonstrating eosinophilic infiltration, after ruling out other causes such as gastroesophageal reflux disease (GERD). Management often involves dietary elimination, proton pump inhibitors, topical corticosteroids, and, in refractory cases, advanced biologic therapies. Early recognition and treatment are essential to prevent complications like esophageal narrowing and strictures.

Key Takeaways

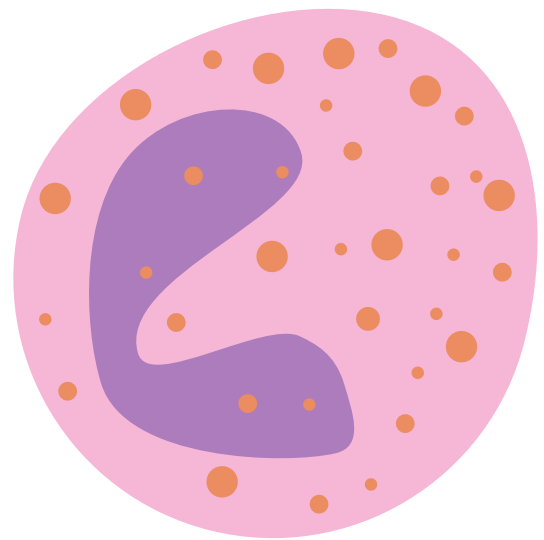
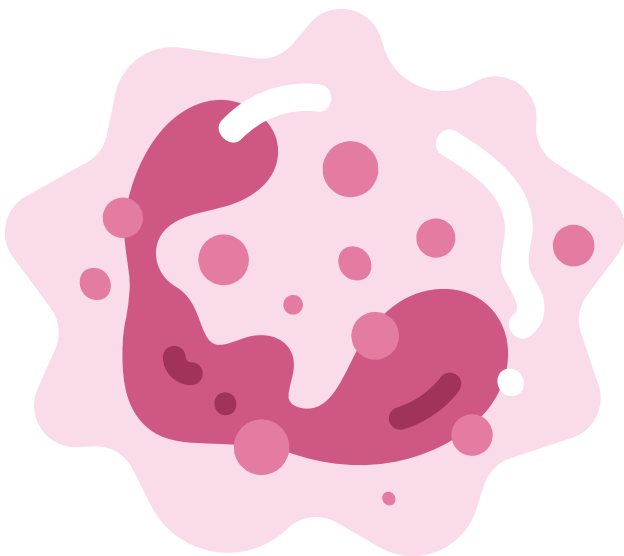
- EoE is a chronic, immune-mediated inflammatory condition of the esophagus.
- It is characterized by abnormal eosinophil accumulation in the esophageal lining.
- Common symptoms include difficulty swallowing, food impaction, chest pain, and heartburn unresponsive to PPIs.
- Children may present with feeding difficulties, vomiting, or poor growth.
- Food allergies and immune dysregulation are major contributing factors.



What Causes Eosinophilic Esophagitis?

Known Causes

The exact cause of eosinophilic esophagitis (EoE) is not fully understood, but it is believed to result from a complex interaction of genetic, environmental, and immune factors. Food allergens, particularly milk, wheat, soy, eggs, nuts, and seafood, are considered the most common triggers, as dietary elimination often leads to symptom improvement. Environmental allergens such as pollen, dust mites, and molds may also contribute, with some patients experiencing seasonal flares. Genetic predisposition plays a role, as EoE is more common in individuals with a family history of allergic disorders. Many patients have associated atopic conditions like asthma, eczema, or allergic rhinitis, further supporting its allergic and immune-mediated nature. In EoE, exposure to allergens causes an abnormal immune response, leading to eosinophil accumulation in the esophagus, chronic inflammation, tissue remodeling, and, over time, narrowing or strictures if untreated.



GastroDoxs
— defenders of the digestive system —

Common Signs & Symptoms

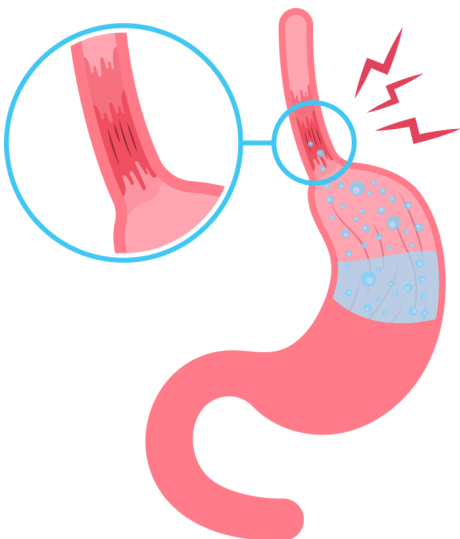
Common signs and symptoms of eosinophilic esophagitis include difficulty swallowing, food impaction, chest pain, and heartburn unresponsive to acid-suppressing medications. Children may show feeding difficulties, vomiting, abdominal pain, or poor growth due to impaired nutrition and chronic inflammation.

Core Symptoms Include:

- Difficulty swallowing (dysphagia)
- Food impaction in the esophagus
- Chest pain unrelated to heart disease
- Chronic or treatment-resistant heartburn
- Nausea or vomiting (especially in children)
- Feeding difficulties and picky eating in children
- Poor growth or weight loss in severe cases



Severe cases can also cause:



- Esophageal narrowing or strictures
- Food impaction requiring emergency removal
- Severe chest pain mimicking cardiac conditions
- Significant weight loss or malnutrition
- Progressive difficulty swallowing solids and liquids
- Reduced quality of life due to chronic symptoms



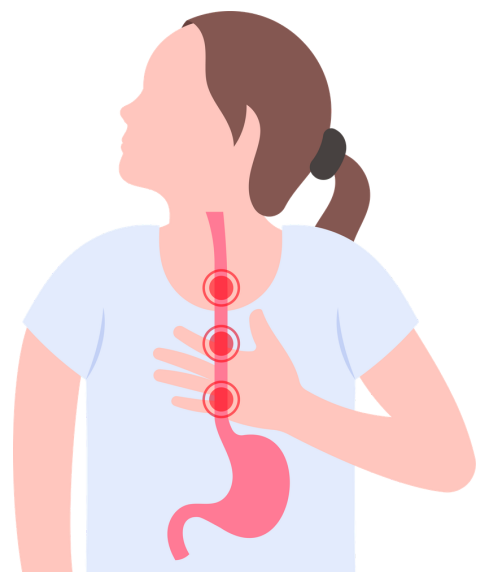
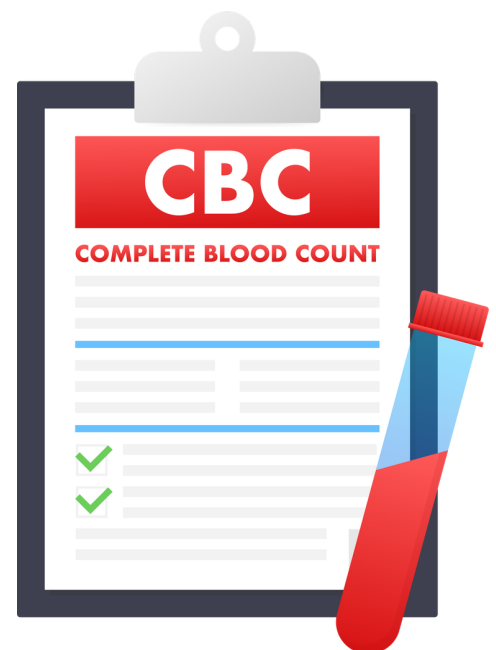
GastroDoxs
— defenders of the digestive system —

Diagnosis & Medical Testing

Diagnosis of eosinophilic esophagitis involves clinical evaluation, allergy history, and endoscopy with esophageal biopsy. Blood tests may show elevated eosinophils or IgE, but histological confirmation of eosinophil infiltration in the esophagus, after excluding GERD and other causes, is essential.

Diagnostic Tools

- **Medical history and physical examination**
- **Complete blood count (CBC)** to check eosinophil levels
- **Serum IgE testing** for allergic involvement
- **Allergy testing** (skin-prick or patch tests) to identify food/environmental triggers
- **Endoscopy** to visualize esophageal inflammation, rings, or narrowing
- **Esophageal biopsy** (gold standard) to confirm eosinophil infiltration
- **Barium swallow X-ray** to detect strictures or motility issues
- **Esophageal manometry** for motility assessment in selected cases
- **Elimination diets** with food reintroduction as a diagnostic approach for food triggers



GastroDoxs
— defenders of the digestive system —

Diet

Dietary management is a key treatment for eosinophilic esophagitis. Common approaches include elimination diets removing top allergens (milk, wheat, soy, eggs, nuts, seafood), elemental diets with amino acid-based formulas, and tailored reintroduction to identify specific triggers while ensuring balanced nutrition.

Key Insights

- Diet is a cornerstone of EoE management and symptom control.
- The **six-food elimination diet (SFED)** removes milk, wheat, soy, eggs, nuts, and seafood.
- Modified elimination diets target fewer foods based on testing or history.
- **Elemental diets** with amino acid-based formulas are highly effective but restrictive.
- Step-up or step-down dietary approaches help balance effectiveness and feasibility.
- Careful food reintroduction identifies specific triggers.
- Diet therapy can reduce or eliminate the need for medications.
- Food allergy tests may help but are not always reliable predictors.
- Nutritional monitoring prevents deficiencies, especially in children.
- A dietitian's guidance is essential for long-term adherence and safety.
- Symptom diaries help track food-related reactions.
- Combining diet with medical therapy often provides the best outcomes.

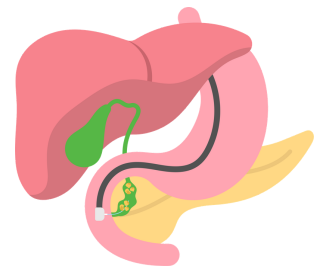


Medications & Treatment Options

Medications and treatment options for eosinophilic esophagitis focus on reducing inflammation and preventing complications. Common therapies include proton pump inhibitors (PPIs), swallowed topical corticosteroids, and elimination diets. In refractory cases, biologic agents targeting eosinophilic pathways are considered alongside supportive nutritional management.

Treatment Options

- **Dietary therapy** – elimination diets (e.g., six-food elimination diet) or elemental diets
- **Proton pump inhibitors (PPIs)** – reduce acid and have anti-inflammatory effects
- **Swallowed topical corticosteroids (fluticasone, budesonide)** – decrease eosinophilic inflammation
- **Systemic corticosteroids** – reserved for severe, acute cases
- **Biologic therapies** – monoclonal antibodies (e.g., anti-IL-4, anti-IL-5, anti-IL-13) in refractory cases
- **Endoscopic dilation** – for strictures or narrowed esophagus
- **Nutritional support** – supplements to prevent deficiencies, especially in children
- **Allergy management** – addressing food/environmental allergens with testing and avoidance
- **Multidisciplinary care** – involving gastroenterologists, allergists, and dietitians for long-term management



GastroDoxs
— defenders of the digestive system —

Advanced Therapies & Procedures

Advanced therapies for eosinophilic esophagitis include biologic agents such as anti-IL-4, anti-IL-5, and anti-IL-13 monoclonal antibodies that target eosinophilic inflammation. In severe cases, endoscopic dilation may be required to relieve strictures, restore swallowing function, and prevent recurrent food impaction.

Therapy Options

- **Proton pump inhibitors (PPIs)** – reduce acid and inflammation
- **Systemic corticosteroids** – short-term use in severe cases
- **Six-food elimination diet (SFED)** – removing milk, wheat, soy, eggs, nuts, seafood
- **Targeted elimination diets** – based on allergy testing or history
- **Elemental diets** – amino acid-based formulas, highly effective but restrictive
- **Biologic therapies** – monoclonal antibodies (anti-IL-4, anti-IL-5, anti-IL-13)
- **Endoscopic dilation** – for esophageal narrowing or strictures
- **Nutritional support** – to prevent deficiencies, especially in children
- **Allergy testing and management** – identifying food/environmental triggers
- **Symptom diaries** – tracking responses to foods and treatments
- **Regular endoscopic monitoring** – to assess inflammation and remodeling
- **Patient education** – on safe eating practices to avoid impaction
- **Multidisciplinary care** – gastroenterologist, allergist, and dietitian collaboration



Coping With **Eosinophilic Esophagitis**

Coping with eosinophilic esophagitis requires a combination of medical treatment, dietary adjustments, and lifestyle strategies. Regular follow-ups, mindful eating, stress management, and support from healthcare providers, dietitians, and patient communities help improve long-term outcomes and overall quality of life.

Practical Strategies

- Follow a personalized elimination or elemental diet.
- Chew food thoroughly and eat slowly to reduce impaction risk.
- Keep a food and symptom diary to track triggers.
- Stay hydrated during meals to aid swallowing.
- Work closely with a gastroenterologist, allergist, and dietitian.
- Use nutritional supplements if deficiencies are identified.
- Learn safe eating habits, such as cutting food into small pieces.
- Seek prompt medical care if food impaction occurs.
- Join patient support groups for shared experiences and encouragement.
- Manage stress with relaxation techniques or mindfulness.
- Schedule regular follow-ups for monitoring disease progression and therapy adjustments.



GastroDoxs
— defenders of the digestive system —

FAQS About Eosinophilic Esophagitis



Q1: What is eosinophilic esophagitis?

A: EoE is a chronic inflammatory condition where eosinophils accumulate in the esophagus, causing swallowing difficulties and food impaction.

Q2: What causes eosinophilic esophagitis?

A: It is mainly triggered by food allergens, environmental allergens, and immune dysregulation, often in people with other allergic conditions like asthma or eczema.

Q3: What are the common symptoms?

A: Adults often experience difficulty swallowing, food impaction, and chest pain, while children may present with vomiting, feeding issues, or poor growth.

Q4: How is eosinophilic esophagitis diagnosed?

A: Diagnosis is confirmed with endoscopy and esophageal biopsy, showing eosinophil infiltration after ruling out other causes such as GERD.



Take **Action**

If you experience **Eosinophilic Esophagitis**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.

**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT



832-632-4070

info@gastrodoxs.com



GastroDoxs
— defenders of the digestive system —