Diagnosis and Management of **EOSINOPHILIC ESOPHAGITIS**

Information for Patients, Parents, and Caregivers: Understanding the ACG Clinical Guidelines

About

- The esophagus is the swallowing tube that connects the mouth to the stomach.
- Eosinophils are a type of white blood cell that are normally in the body, but not normally present in the esophagus.
- Eosinophilic esophagitis (abbreviated "EoE") is a chronic allergic condition of the esophagus and can be thought of like "asthma of the esophagus."

Symptoms: The most common symptoms in adults and adolescents are trouble swallowing and food getting stuck. While these can also happen in children, more common symptoms in children are poor growth, feeding difficulties, abdominal pain, and vomiting.

Warning Signs That Should Not Be Ignored: Trouble swallowing, choking on food, or getting food stuck is never normal and should be evaluated by a doctor. If food gets stuck and you can't get it down or up (called a "food impaction") you should go to the emergency room.

Diagnosis: EoE diagnosis requires having symptoms related to the esophagus and having increased levels of eosinophils in tissue samples of the esophagus (called "biopsies"). The tissue samples are obtained during an upper endoscopy, which is a procedure where you are asleep and a tube with a light and camera is placed through your mouth and into the esophagus. This also allows the esophagus lining to be examined for abnormal findings such as inflammation and scar tissue formation that can happen in EoE.

Treatment: The treatment types are diet elimination or medications. If there is scar tissue in the esophagus, dilation may also be necessary.

Diet Elimination: For many people, foods can trigger EoE. However, current allergy tests cannot tell what triggers EoE, and symptoms related to food also cannot tell you the triggers. However, we do know on average which foods are most likely to cause EoE, so a selection of these can be removed.

Medication Options

- Proton pump inhibitors
- Topical steroids
- Biologics

Esophageal Dilation: (stretching of the esophagus) is safe and effective to improve symptoms if there is scar tissue in the esophagus and if you have trouble swallowing. If dilation is done, you will still need a treatment to control the inflammation related to EoE, since dilation only stretches the scar tissue and does not treat the underlying EoE.

The Role of Endoscopy: After a new treatment is started or an existing treatment is changed, an endoscopy is needed to check the esophagus and collect biopsies. While you are on long-term treatment, you should follow-up with your provider regularly and an endoscopy could also be needed to check how things look.

Important Treatment Note: EoE is a chronic (long-term) condition that does not have a cure right now, so treatment and monitoring must be continued long-term. If treatments are stopped, EoE will flare up.

Questions for your Doctor

- Do I have EoE?
- Should I try an elimination diet or medication treatment for EoE?
- Can I work with a dietician or nutrition to help with the diet elimination treatment?
- What are the side effects of the medications for EoE?
- What should I expect during an endoscopy?
- What should I expect after the endoscopy if I have an esophageal dilation?
- How often will I need upper endoscopies?
- How often will I need clinic visits?
- Who will I work with in your office to help with medication approvals if the insurance denies the prescription?
- What is the most effective way to take the medication you are prescribing?
- What are the long-term consequences of EoE?

LEARN MORE

Eosinophilic Esophagitis: gi.org/topics/eosinophilic-esophagitis Eosinophilic Esophagitis in Pediatric and Adolescent Patients: gi.org/topics/eosinophilic-esophagitis-in-pediatric-andadolescent-patients Read the ACG EoE Guideline Published January 2025 **bit.ly/acg-eoe-2025**