

WHAT IS EOSINOPHILIC ESOPHAGITIS?

Eosinophilic esophagitis (EoE) is an inflammatory disease that affects the esophagus. It occurs when there are an increased number of eosinophils in the esophagus (the tube connecting the mouth to the stomach), without another known cause.

EoE is believed to be caused by allergies to food and perhaps environmental triggers.

Eosinophils are not normally found in the esophagus, although they may be found in small numbers in other areas of the gastrointestinal tract. Gastroesophageal reflux disease (GERD), drug reaction, and inflammatory bowel disease (Crohn's disease) can also cause elevated numbers of eosinophils.

The eosinophils cause injury to the surrounding tissues.

People with EoE often have other allergic conditions such as nasal and eye/ocular allergies, asthma, anaphylactic food allergies, and/or eczema. EoE can be triggered by delayed reaction to foods and in some cases is inherited.

Symptoms of EoE vary among individuals and age groups. Vomiting may occur more commonly in young children while older individuals may have difficulty swallowing. Food impactions are more common in adults and adolescents.

ABOUT APFED

Founded in 2001, the American Partnership for Eosinophilic Disorders (APFED) is a 501(c)3 nonprofit organization with a mission to passionately embrace, support, and improve the lives of patients and families affected by eosinophil-associated diseases through education and awareness, research, support, and advocacy. To learn about the impact we are making in these areas, visit our website at apfed.org.

Our work is funded by grants, membership dues, and donations. If they wish, donors may choose to direct their gifts to specific programs, such as to research or education.

APFED operates with integrity and transparency in accordance with nonprofit guidelines. APFED is an accredited charity of the BBB Wise Giving Alliance and is a Gold Member of GuideStar. View our independently audited financial reports and annual reports on guidestar.org and apfed.org. On average, APFED directs more than 85% of its annual revenue to programs and services. This is 20% higher than the BBB Wise Giving Alliance standard of 65%.

For educational materials about EoE, community news, or information about events such as APFED's annual patient education conference and National Eosinophil Awareness Week (third week of May), **visit apfed.org**.



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JOIN US

Become a member of APFED to help support our work and stay up-to-date on news and initiatives related to eosinophil-associated diseases. For information about membership and benefits or to make a donation to support our work, visit apfed.org.

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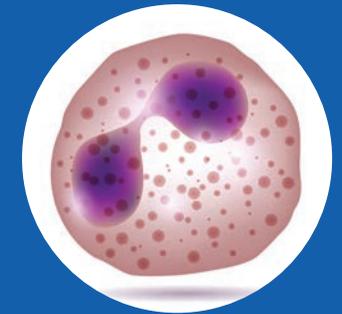
EOSINOPHILIC ESOPHAGITIS (EOE)



WHAT IS AN EOSINOPHIL?

Eosinophils are a type of white blood cell that are part our immune system, helping us to fight off certain types of infections.

Many different medical conditions can cause a person to have too many eosinophils including allergies (food and environmental), parasites, and certain cancers to name a few.



WHAT ARE THE SYMPTOMS OF EOE?

People with EoE commonly have the following symptoms, which may vary with age:

- Reflux
- Difficulty swallowing
- Food impactions (food gets stuck in the esophagus)
- Nausea and vomiting
- Failure to thrive (poor growth, malnutrition, or weight loss)
- Abdominal or chest pain
- Feeding refusal/intolerance or poor appetite



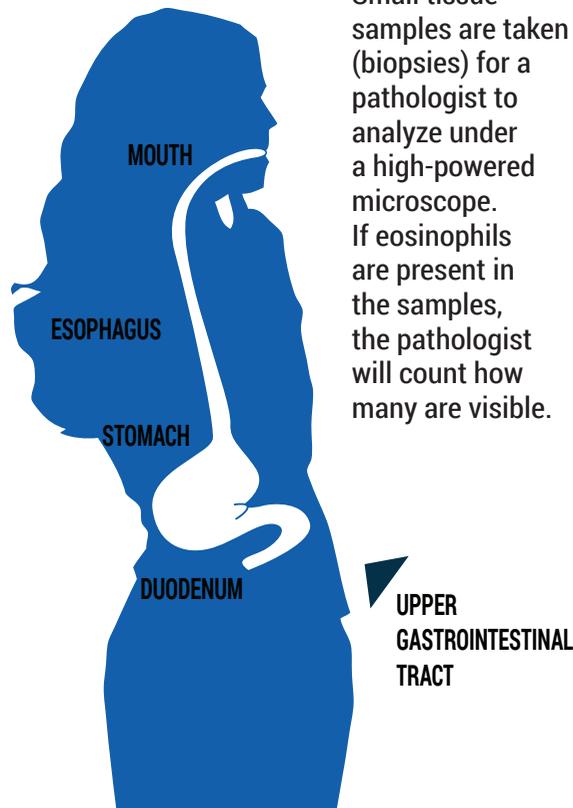
CONNECTING THE EOSINOPHILIC COMMUNITY

HOW IS EOE DIAGNOSED?

To diagnose EoE, a gastroenterologist will perform an upper endoscopy. This procedure is typically not uncomfortable and can be done on an outpatient basis.

During this procedure, the patient is sedated or put under anesthesia, and a small tube called an endoscope is inserted through the mouth. The esophagus, stomach, and the first part of the small intestine are examined for tissue injury and inflammation, and the esophageal wall is examined for thickening. A patient may have EoE even if the esophagus looks normal during endoscopy.

Small tissue samples are taken (biopsies) for a pathologist to analyze under a high-powered microscope. If eosinophils are present in the samples, the pathologist will count how many are visible.



Increased numbers of eosinophils (usually >15 eosinophils per high-powered microscopic field) is highly suggestive of EoE.

An endoscopy with the biopsies is the only reliable method of diagnosing EoE at this time, although less invasive diagnostic and monitoring methods are currently under investigation.

HOW IS EOE TREATED?

Currently, there are no FDA-approved drugs indicated for the treatment of EoE. The two main treatments recommended are diet management and medications that were approved to treat other conditions, such as swallowed topical corticosteroids (fluticasone or a budesonide mixture/slurry), and proton pump inhibitors (acid suppressors). A combination of these therapies may be recommended. Repeat endoscopies with biopsies are needed to monitor the effectiveness of the treatment plan.

Diet management may include:

- **Common allergen elimination diet** – Common allergy-causing foods (milk, egg, soy, wheat and, at times, other foods such as shellfish, fish, peanuts/tree nuts based on current studies) are removed from the diet, rather than using food allergy test results to determine which food(s) to remove.

RESOURCES

- APFED, apfed.org
- Eosinophil.Connect patient registry, apfed.org/registry
- EOS Connections, inspire.com/groups/eos-connections/

- **Elemental diet** – All sources of protein are removed from the diet and the patient drinks only an amino acid formula. Sometimes, a feeding tube may be required.
- **Food trial** – Specific foods are removed from the diet, and then added back, one at a time, to determine which food(s) cause a reaction.

Medications may include:

- **Topical steroids** – Swallowed from an asthma inhaler or mixture, to control inflammation and suppress the eosinophils.
- **Proton pump inhibitors (PPIs)** – May help reduce inflammation and control acid production.

DO ADULTS GET EOE?

Yes. EoE affects the entire age spectrum, from infants to adults. Some adults have had symptoms since childhood and are diagnosed later in life, and others first develop symptoms later in life. Adults are more likely to have problems with food “sticking” in the throat (food impactions).

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LIVING WITH EOE

The initial diagnosis of EoE can be overwhelming. It is almost always a chronic and lifelong disease, but with proper ongoing care and treatment, individuals with EoE can lead a normal life. EoE does not appear to limit life expectancy and data does not suggest EoE causes cancer of the esophagus.

The challenges of living with EoE vary, depending on the severity of illness and other factors. The following tips will help:

- Learn more about EoE
- Find a supportive community; connect with others, ask for help, and learn from one another
- Plan for your dietary needs when you are away from home.
- Communicate your needs to restaurant staff and caregivers
- Organize parties, gatherings, and activities that don't involve food
- Continue your therapy and follow up with your doctor, even when you feel well as untreated EoE can cause strictures (scar tissue that forms as the result of chronic inflammation).
- Be sure you know how to use prescribed medications in terms of dosing, mixing, timing, and administration.