
phone 847-256-5505 kenilworthmedical@gmail.com fax 847-256-5567

Esophageal Eosinophils

Is it Eosinophilic Esophagitis (EoE) or GERD or Both?

Eosinophilic esophagitis (EoE) is a delayed food allergic reaction with inflammation and swelling of the lining of the esophagus from ongoing food exposure.

EoE is occurring with higher frequency than in years past, not just increased awareness.

EoE is not like Immediate Type I anaphylactic food reaction of hives, swelling, throat closure. EoE is a gradual process of swelling of the esophageal lining which causes solid foods to have trouble getting down.

Because there is no immediate hive reaction when the causative food is eaten, identifying what foods are causing the EoE inflammation is somewhat more difficult.

EoE can develop in adulthood. EoE can also be unmasked when re-introducing foods such as in OIT Food Oral Immunotherapy.

Children often have abdominal pain, sometimes diarrhea or constipation, failure to thrive, low height or weight for age. They are often generally allergic/atopic children otherwise.

Adults classically present with solid food dysphagia (food moves slowly or gets stuck). The food that tends to get stuck, such as steak or bread, does so for mechanical reasons, as a consequence of the swelling. It is not necessarily the food to which the patient is allergic.

Reflux/GERD can also cause eosinophils in the esophagus. This is not EoE. GERD needs to be completely ruled out before a diagnosis of EoE is confirmed. If eosinophil numbers are relatively small (10-40/HPF) and if they resolve with GERD therapy, the diagnosis is predominantly GERD, not EoE. GERD and EoE can occur together in the same patient.

If eosinophils in a follow-up esophageal biopsy persist despite PPI therapy, then EoE may exist and attempts to identify the food with further elimination diets and biopsies are warranted.

Many EoE patients are not able to identify the food allergen causing the problem. Prick and patch food testing is used but false negatives and false positives do occur. But finding the allergenic food to avoid can be of great benefit for EoE patients, as they do not need to be on chronic steroid medications for control of esophageal eosinophils and inflammation.

The diagnostic workup may take several endoscopies and biopsies, one following GERD therapy, one following "targeted" food avoidance (based on prick and patch testing) perhaps one after "six-food" food avoidance. (egg, dairy, soy, wheat, peanut, treenut, fish, shellfish). If the diagnostic workup to identify the food is unsuccessful, the treatment generally rests on chronic swallowed, topical steroids delivered to the esophagus.