

# Find an **allergist**

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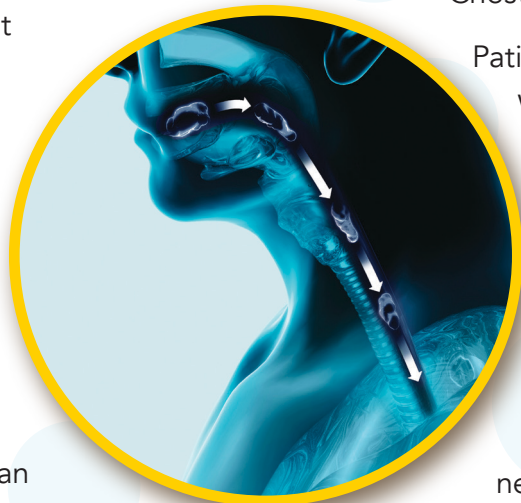


## About Eosinophilic Esophagitis (EoE)

Eosinophilic Esophagitis (EoE) is a disease that causes inflammation in – and eventually narrowing or scarring of – the esophagus, the tube connecting your mouth to your stomach. EoE can make swallowing difficult, and sometimes causes food to get caught in your throat or problems with eating. It affects one in 2,000 people, including infants, children and adults.

A chronic immune system disease, EoE can be triggered by the body's response to a food or airborne allergy. Or it can be triggered by acid reflux – when acid backs up from your stomach into your esophagus. (This is also called gastroesophageal reflux or GERD.) EoE causes your immune system to overreact, prompting a large number of white blood cells called eosinophils to collect in your esophagus. As a result, your esophagus becomes inflamed.

EoE can be scary, but it is not life-threatening. Although EoE is a chronic condition, which means there is no cure, there are several treatments. Your allergist can discuss treatment with you.



### Symptoms

The main symptom of EoE is difficulty swallowing. Other symptoms vary by age and can include:

#### Infants and children:

- Problems with feeding
- Poor weight gain and growth
- Regurgitation (when food backs up from the stomach into the esophagus and mouth)
- Vomiting
- Stomach (belly) pain

#### Adolescents and adults:

- Food getting stuck in the esophagus
- Trouble swallowing, called dysphagia
- Chest pain

Patients often adjust their eating habits when they have EoE. For example, you may feel as though you need to drink a lot of fluids to help swallow food. Or maybe you cut your food into small bites to make it easier to swallow. It may take you longer to eat, or you may feel full before you are done with your meal. If food gets stuck in your esophagus, you may need to go to the emergency room to have it removed.

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## Causes

Experts believe both genes and the environment play a role in the development of EoE. About half of people with EoE also have seasonal allergies or asthma. Some notice their EoE symptoms get worse during the spring and summer when they experience seasonal allergies. For example, although it is rare for pollen allergies alone to cause EoE, about one in four people who have EoE related to food allergies also notice a seasonal variation in their symptoms. Others may have food allergies or eczema (atopic dermatitis), a skin disease that causes an itchy rash. The foods that most commonly cause an allergic reaction leading to EoE include milk, eggs, wheat, soy, peanuts or tree nuts and fish or shellfish. You may have a combination of allergies that increase the risk of EoE.



## Diagnosis

Because symptoms of EoE are similar to GERD, it is important to be seen by a gastroenterologist (GI

specialist), in addition to your allergist. This will help make sure you get an accurate diagnosis. Your doctor will take a complete health history and may recommend food allergy testing and/or an upper endoscopy to check the esophagus for inflammation. For an endoscopy, the GI specialist will insert a tube with a lighted camera through your mouth into your esophagus while you are sedated. The doctor may take a biopsy (a tiny bit of tissue) from the lining of your esophagus to confirm the EoE diagnosis.

## Treatment

Your allergist can help you find a treatment plan that works for you. The treatment prescribed will depend on what's triggering your EoE and the severity of your symptoms. Treatments may include:

- **Topical steroids:** Topical steroids can be liquid medication you swallow, such as budesonide. Or it may be inhaled and swallowed, such as fluticasone. Though not approved for EoE by the U.S. Food and Drug Administration (FDA), these medications are commonly prescribed. They may help calm inflammation in the esophagus.
- **Proton pump inhibitors (PPI):** PPI are oral medications (pills or capsules) that reduce the acid in your stomach. Although they are not approved for EoE by the FDA, PPI are FDA-approved to treat GERD, and they can help people with EoE feel better.
- **Diet therapy:** Your allergist may recommend you eliminate the foods that are common triggers of EoE, including milk, eggs, wheat, soy, nuts (including peanuts) and



fish (including shellfish). Another option is to pursue an allergy test-based diet. If tests show you have specific food allergies, your allergist may recommend you stop eating those foods to see if your symptoms improve. Another possible treatment is the elemental diet, a special liquid or powder nutrition replacement taken for up to six weeks to allow your esophagus time to heal.

- **Esophageal dilatation:** This procedure may be recommended if your esophagus gets too narrow. Using endoscopy, the gastroenterologist inserts and inflates a balloon to stretch and widen the area, making it easier to swallow and eat.
- **Biologic therapy:** Biologics are newer, targeted therapies that reduce inflammation. Biologics are provided by injection or IV (intravenous). The FDA approved dupilumab (Dupixent®) in 2022 as a treatment for EoE. Benralizumab (Fasenra®), another biologic, has orphan drug designation. The FDA may approve other biologics for EoE soon.

## Monitoring treatment success

Your allergist will work with you to monitor how you respond to treatment and collaborate with your gastroenterologist to determine when another endoscopy should be performed to evaluate if your esophagus is healthier.



If the endoscopy shows the treatment isn't working, or your symptoms don't improve, your allergist will talk to you about other options, such as increasing medication dosage or trying a different type of treatment such as biologics. Talk to your allergist to find the best option for treating your EoE and improving your quality of life.

**To learn more about eosinophilic esophagitis (EoE), visit [acaai.org](http://acaai.org).**

### Find an allergist. Find relief.

Anyone with allergies and asthma should be able to feel good, be active all day and sleep well at night. You don't need to accept less. Allergists are specially trained to help you take control of your allergies and asthma, so you can live the life you want.

### When should I see an allergist?

See an allergist if you have any of these conditions. Allergists treat two of the nation's most common health problems – allergies and asthma. More than 50 million people in the United States have these allergic diseases. Although symptoms may not always be severe, allergies and asthma are serious and should be treated that way. Many people with these diseases don't realize how much better they can feel. Allergists also treat conditions with similar symptoms, such as non-allergic rhinitis.

### What is an allergist?

An allergist is trained to find the source of your symptoms, treat it and help you feel healthy. Life's too short to struggle with allergies or asthma. An allergist can help you find the answers you're looking for.

After earning a medical degree, the doctor completes a three-year residency training program in either internal medicine or pediatrics. They then finish two or three more years of study in asthma, allergy and immunology. The best way to manage your allergies or asthma is to see an allergist.