

Eosinophilic Oesophagitis (EoE)

Eosinophilic Oesophagitis (EoE) is a chronic, immune-mediated condition of the oesophagus (the "food pipe"). It occurs when a type of white blood cell, called an eosinophil, builds up in the lining of the oesophagus. This build-up is usually an allergic reaction to specific foods or environmental allergens, leading to inflammation and injury to the tissue. Think of it like an "Asthma of the food pipe".

People with EoE commonly have other allergic diseases, such as rhinitis, asthma, or eczema.

What are the common symptoms of EoE?

Common symptoms of include:

- Difficulty swallowing, or the sensation that food is travelling slowly or getting "stuck" on the way down.
- Food Impaction: A medical emergency where food becomes firmly lodged in the oesophagus and cannot be cleared.
- Chest Pain: Often centrally located and not always related to heartburn.
- Reflux-like Symptoms: Heartburn or regurgitation that does not respond to standard anti-acid medications.

How is EoE diagnosed?

EoE cannot be diagnosed by symptoms alone, as they often overlap with GORD (Gastro Oesophageal Reflux Disease). A Gastroscopy is essential for a definitive diagnosis and look for complications such as narrowing (or stenosis). At Gastroscopy, tiny samples (biopsies) are obtained from different levels of the oesophagus to count the number of eosinophils under a microscope.

How is EoE treated?

The goal of treatment is to reduce inflammation, prevent food impaction, and stop the formation of narrowing (stenosis) in the oesophagus.

1. Dietary Therapy

Since EoE is often triggered by food, dietary changes can be highly effective.

- Elimination Diets: This involves removing common triggers (such as dairy, wheat, eggs, or soy) and then systematically reintroducing them to identify the specific cause.
- Working with Specialist GI Dieticians can guide you through this process to ensure your nutritional needs are met while identifying your triggers.

2. Medical Therapy

- Proton Pump Inhibitors (PPIs): Many patients respond well to high-dose PPIs, which can reduce inflammation even if acid is not the primary cause.
- Topical Steroids: Swallowed (not inhaled) steroids, such as Fluticasone or budesonide are used to coat the oesophageal lining and dampen the allergic response.

3. Endoscopic Dilation

If long-term inflammation has caused the oesophagus to narrow (a stricture), dilation may be needed, which can be performed at [Gastroscopy](#). This involves gently stretching the narrowed area to make swallowing easier and safer.

Disclaimer: The information provided on this website is for educational purposes only and is intended to support, not replace, the relationship between a patient and their healthcare professional.

This information should not be used to diagnose or treat a health problem or disease. Always seek the advice of a healthcare professional regarding any medical condition or symptoms.