

## How is EoE diagnosed?

If your doctor suspects from your symptoms that you may have EoE, they will examine your oesophagus with a thin flexible telescope called an endoscope. The endoscope has a tiny light and camera at the end. As well as looking for characteristic signs of EoE, your doctor will take some small samples of the tissue lining your oesophagus. This is called a biopsy. It will be examined under a microscope to see if increased numbers of eosinophils are present, confirming a diagnosis of EoE.

## How is EoE treated?

While we currently have no cure, there are treatment options available to help reduce the symptoms of EoE and make living with the condition easier. Addressing the inflammation in EoE is important because if left untreated it can lead to narrowing of the oesophagus, which may cause serious complications. There are three categories of treatment that can help reduce the symptoms of EoE: diet, drugs and dilation.

### Diet

One way to avoid EoE reactions is to take trigger foods off the menu. To find out which foods are the problem, your doctor may suggest you eliminate many suspect foods at once. When your symptoms are better, these foods are slowly reintroduced one by one to see which trigger EoE and so can be avoided in the future.

The whole process of food elimination can take about 12 months altogether. During this time, your doctor may want to perform more endoscopies to see how you are doing.

A professional dietician will advise you about the changes you need to make to your diet to make sure you still get all the nutrients that you need when foods are excluded.

### Drugs

The advantage of medication is that you may be able to have a relatively unrestricted diet; the disadvantage is that all medicines have the potential to cause side effects.

Steroid therapy can reduce the activity of eosinophils in the oesophagus and ease the inflammation, with or without dietary changes. Similar treatments are commonly used by people with asthma to keep their symptoms under control. The difference is, that rather than breathe treatment in to reach your lungs, the steroid licensed for EoE is a tablet that you slowly dissolve on your tongue. As you swallow your saliva, the steroid coats your oesophagus.



Some people will have had a type of drug called a proton pump inhibitor before they see a specialist hospital doctor. However, many people's symptoms do not improve on these drugs.

### Dilation

Some people can experience severe narrowings of the oesophagus called strictures. If this happens, your doctor may recommend dilation to help make swallowing easier.

Dilation is a procedure performed by endoscopy. There is a very small risk of perforation (a serious tear in the wall of the oesophagus) during this procedure. While dilation can provide symptom relief, it does not improve the underlying inflammation.

If you have any side effects while taking any treatment you should report these directly via the Yellow card scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or if you are in Ireland report to <http://hpra.ie/homepage/about-us/report-an-issue> By reporting side effects you can help provide more information on the safety of medicines.

# Eosinophilic oesophagitis (EoE)



What it is and how it's treated

This leaflet aims to answer questions you may have about eosinophilic (ee-oh-sin-oh-fil-ik) oesophagitis, commonly referred to as EoE. Hopefully you'll find the information it contains helpful, but it is not meant to take the place of your doctor or nurse.

So, if you have any worries about your EoE, or its treatment, do talk them through with a member of your healthcare team.

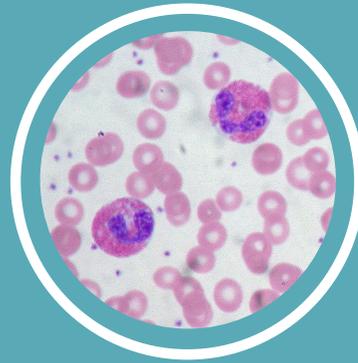
## EoE is a disease of the oesophagus

The oesophagus is part of your digestive system. It is the muscular tube that carries food from your mouth to your stomach.

Oesophagitis is an inflammation of the lining of the oesophagus. The symptoms of inflammation are the body's natural response to injury or irritation.

The main cells involved in the inflammation in EoE are eosinophils, which are a type of white blood cell. Eosinophils play an important role in the body's response to infection. They are also involved in inflammation that occurs in allergic disorders.

Normally, eosinophils are present in very low levels in the body, but in EoE, large numbers are found in the tissue of the oesophagus.



Eosinophils under a microscope

## What are the symptoms of EoE?

EoE can result in a range of symptoms. The most common is difficulty swallowing solid food, known in medical terminology as dysphagia. Food feels like it is travelling slowly down the oesophagus. There may be a sensation of food sticking, usually in the chest, which may also cause chest pain.

Sometimes food actually gets lodged in the oesophagus and is unable to pass into the stomach. This is called a food impaction, and your doctor may need to perform an emergency procedure to push the obstructing food into the stomach, or to remove it from the oesophagus.

It is important to discuss any symptoms that you experience with your healthcare team so that they can monitor your EoE and prescribe the most appropriate treatment.

## How common is EoE?

More people are being diagnosed with EoE, but it is still relatively uncommon. Recent estimates suggest about 1 in 3000 people have EoE. Three times as many men as women are affected. Most people with EoE are between 30 and 50 years old, although it can occur at any age and it is increasingly diagnosed in children. EoE is typically chronic, meaning it can last for years.

## What causes EoE?

We do not know exactly what causes EoE. It does seem that in some people eating certain foods or breathing in certain substances in the air may spark a reaction causing eosinophils to increase in the oesophageal tissue. The eosinophils produce a protein that causes inflammation, which can lead to scarring, narrowing and the formation of fibrous tissue in the lining of the oesophagus making it harder to stretch.

Types of foods that most commonly trigger EoE include milk and wheat. People with EoE may only experience effects in their oesophagus without other symptoms of food intolerance, so the term allergy tends not to be used. That said, people with allergies such as asthma or eczema seem to be more likely to get EoE.

## Foods that commonly trigger EOE



milk



wheat



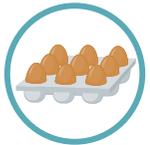
nuts



soya



fish



eggs