EOSINOPHILIC ESOPHAGITIS

WHAT IS EOSINOPHILIC ESOPHAGITIS?
Eosinophilic esophagitis is an inflammatory condition that occurs when the wall of the esophagus becomes filled with large numbers of eosinophils. The esophagus is the muscular tube that propels food from the mouth into the stomach. Eosinophils are white blood cells and are one of many types of cells that actively promote inflammation. Physicians believe that eosinophilic esophagitis is a type of inflammation caused by allergy just like asthma or hay fever. However, doctors still do not know the exact substance that is causing the allergic reaction nor do they know if the substance is inhaled or ingested.

Eosinophilic esophagitis is more common among individuals with other allergic conditions such as asthma, hay fever, allergic rhinitis, and atopic dermatitis. Eosinophilic esophagitis affects both children and adults. Typically, men are more commonly affected than women.

WHAT ARE THE SYMPTOMS OF EOSINOPHILIC ESOPHAGITIS?
The major symptom among adults with eosinophilic esophagitis is difficulty swallowing solid food. This is also known as dysphagia. Eosinophilic esophagitis decreases the ability of the esophagus to stretch and accommodate mouthfuls of food. As a result, solid foods will have difficulty passing through the esophagus. When solid food sticks in the esophagus, it causes an uncomfortable sensation in the chest, referred to as dysphagia.

Less common symptoms include heartburn and chest pain. Among children, the most common symptoms are abdominal pain, nausea, vomiting and coughing. The incidence of eosinophilic esophagitis is on the rise in the United States. The growth of the disease may reflect either the increased awareness of the disease among physicians or an actual increase in the prevalence of the disease.

HOW IS EOSINOPHILIC ESOPHAGITIS DIAGNOSED?
The diagnosis of eosinophilic esophagitis is suspected whenever dysphagia for solid food occurs. Dysphagia is typically evaluated during a screening procedure called endoscopy. The procedure allows the doctor to see the inner lining of the esophagus. The doctor may identify abnormalities that suggest eosinophilic esophagitis. For example, some patients with eosinophilic esophagitis have narrowing of the esophagus. Others have a series of rings along the entire length of the esophagus. The diagnosis of eosinophilic esophagitis is determined with a tissue sample, or biopsy, of the inner lining of the esophagus. In many patients with eosinophilic esophagitis, however, the esophagus looks normal or only reveals minor abnormalities. Therefore, it is important to always take a biopsy to rule out eosinophilic esophagitis.

WHAT TREATMENT OPTIONS DO I HAVE?
The treatment of eosinophilic esophagitis is typically done with diet, medication and possibly with esophageal dilatation. Most children and adults respond favorably to dietary treatments. The dietary restrictions are typically guided by food allergy testing and food trials. The medications used in treating eosinophilic esophagitis are proton pump inhibitors and fluticasone propionate.

Proton Pump Inhibitors
Proton pump inhibitors reduce production of acid by the stomach. They are a very safe and effective treatment for the symptoms of acid reflux and esophagitis. Since acid reflux may aggravate esophagitis in some patients with eosinophilic esophagitis, doctors frequently use proton pump inhibitors for treating eosinophilic esophagitis.

Fluticasone Propionate
Fluticasone propionate is a man-made steroid that is similar to the naturally occurring steroid hormone, cortisol or hydrocortisone, produced by the adrenal glands. These steroids have strong anti-inflammatory actions. When used in low doses, little fluticasone propionate is absorbed into the body and therefore side effects are minimal. One possible side effect is thrush (infection of the mouth and throat by a fungus, candida). When higher doses are used for a prolonged period, enough fluticasone propionate may be absorbed to cause side effects elsewhere in the body. Side effects of high doses of fluticasone propionate are similar to the side effects of oral steroids.

Esophageal Dilatation
Typically, physicians are not performing dilatation unless medication alone fails. Esophageal dilatation involves physically stretching the strictures or fracturing the rings, thus allowing freer passage of solid food. Stretching or fracturing can be performed with endoscopes, long and flexible dilators of different diameters inserted through the mouth, or with balloons inserted into the esophagus through the channels of endoscopes.

WHAT ELSE SHOULD I ASK MY DOCTOR?
Are there any other tests that we need to perform? Are there any changes that I should make to my diet? What treatment do you suggest? What are the benefits and risks of this type of treatment? What else can I do to try and manage this disease?

WHERE CAN I FIND MORE INFORMATION?
American Gastroenterological Association: www.gastro.org
American College of Gastroenterology: www.acg.gi.org
American Society of Gastrointestinal Endoscopy: www.asge.org
American Partnership for Eosinophilic Disorders: www.apfed.org