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EOSINOPHILIC OESOPHAGITIS

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patient information

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Eosinophilic oesophagitis results in an inflamed oesophagus, the muscular tube that connects the mouth to the stomach. Most cases are seen in people with other allergies such as hay fever and asthma. The frequency of eosinophilic oesophagitis appears to be increasing. The reasons are unclear, but it is known that allergies of all types have become more common than they were a generation or two ago.

Eosinophilic Oesophagitis is increasing

The exact prevalence in adults is uncertain, but in American children it is estimated to have increased from 1 to 4.3 cases per 10,000 individuals between 1999 and 2003. In Western Australia, it seems to have increased from 0.05 to 0.89 cases per 10,000 children between 1995 and 2004.

What is an eosinophil?

An eosinophil is a type of white blood cell that also causes the allergic type of inflammation seen in hay fever and asthma.

What is eosinophilic oesophagitis?

The lining of the oesophagus is infiltrated with eosinophils. This can result in abnormal function of the oesophagus and symptoms of heart burn

The condition affects mainly children and young adults

This condition has been described in mainly children and young adults. It should be suspected when a person complains of:

- foods sticking on the way down, sometimes completely;
- choking on food;
- regurgitation of foods, and sometimes;
- severe acid reflux (heartburn) that does not respond to medicines used to suppress stomach acid production;

Untreated, the condition can result in permanent scarring of the oesophagus.

It should be noted that mild reflux and vomiting are common in children and adults, and most do not have eosinophilic oesophagitis.

How is it diagnosed?

The diagnosis can be suspected by your treating doctor, but confirmation needs an examination of your oesophagus using an instrument known as an endoscope. A tissue sample (biopsy) will be taken at the same time and examined to look for the presence of eosinophils. Endoscopy and

biopsy is normally performed by a gastroenterologist (stomach/bowel specialist). Sometimes a blood sample will show a higher than normal levels of eosinophils in the blood as well.

Eosinophilic oesophagitis may result from pollen or food allergy

Around 80 per cent of patients with this condition suffer from allergic conditions such as hay fever or asthma. When allergy testing is performed, many will have positive skin prick tests or so-called "patch tests" to foods, even when there are no obvious symptoms after they are consumed. When food is involved, staples such as cows milk/dairy products, wheat, meats, soy and egg seem to be the most common triggers. Some researchers have found that patients benefit if these foods are removed from the diet. Others have found that symptoms appear only during springtime when patients are exposed to pollen.

Who treats this condition?

Most people are managed by gastroenterologists. With the recognition that allergy may also play a role in some patients, many are managed by allergy/immunology specialists and specialist dietitians as well.

Treatment options

Time

Symptoms in infants may resolve in the first few years of life, particularly when only 1 or 2 foods are involved. Unfortunately, when symptoms arise in older children and adults, they usually last for many years. Follow-up studies so far indicate that they do not seem to resolve in these groups, but more long-term followup studies may provide more information.

Medication

- Medication to reduce acid production will reduce acid reflux and the scarring that can result.
- Topical asthma steroid puffers can reduce inflammation in the oesophagus. These are "swallowed" instead of inhaled, are low dose, poorly absorbed, and extremely unlikely to cause cortisone/steroid tablet-like side-effects. They help reduce inflammation and the scarring that can result from untreated disease.
- Montelukast (Singulair) is an asthma tablet that reduces inflammation by blocking the effects of inflammatory chemicals known as "leukotrienes" released by white cells.
- Other medicines are also being studied

Dilatation

Some times if the oesophagus is very narrow, an endoscopy and a procedure known as "dilatation" may be required to open up the oesophagus to allow food to pass more easily.

Diet manipulation

Some groups claimed that a combination of skin prick testing and food patch testing with staple foods, will identify potential food allergens. If avoided, they claim that improvement is often seen. Other researchers remove a list of common food allergens or even use so-called "elemental diets". If symptoms improve, foods are introduced one food at a time, starting with the foods that are least likely to cause problems. Endoscopies and repeat biopsies may be needed to monitor the response to treatment. It is important to note that:

- the diagnosis of eosinophilic oesophagitis should always be confirmed first by endoscopy and biopsy and
- that dietary manipulation should be temporary and supervised by a skilled dietitian to avoid the risk of malnutrition.

Not all eosinophilic oesophagitis is related to allergy

Around a quarter of sufferers have no evidence of allergy. Some have underlying conditions that can cause similar inflammation in the gut. These people will not respond to diet manipulation, but may respond to medication.

This is a developing area of research

More is being discovered about this condition. There are controversies as to the role of allergy and diet manipulation, and how many people are actually helped by diet. Furthermore, sometimes symptoms may improve with diet manipulation, but the underlying inflammation may still persist. At this time it is not clear how aggressive treatment should be in all cases; should we aim to settle the symptoms, or try to control the underlying inflammation as well? More patients are being reported with symptoms during the pollen season, suggesting that inhaled allergen (or perhaps swallowed pollen) may cause problems in some people.

Other Resources and Web Links

American Partnership for Eosinophilic Disorders <http://www.apfed.org>

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