

Eosinophilic oesophagitis (EoE) (E-sin-o-phil-ic oe-sop-pha-gi-tis)

Endoscopy Department Patient information

What is EoE?

EoE is a condition that affects the oesophagus. The oesophagus is the tube that carries food from your mouth to your stomach.

In EoE, a type of white blood cell called an eosinophil builds up in the lining of the oesophagus. These cells are usually helpful for fighting infection, but they are not normally found in the oesophagus.

When too many of these cells are present, they cause swelling. This is why the condition is called eosinophilic oesophagitis.

What are the symptoms of EoE?

The most common symptom is difficulty swallowing solid food.

The oesophagus normally stretches to let food pass easily. In EoE, swelling makes the oesophagus narrower and stiffer. Scar tissue can also form over time.

Because of this:

- food may feel like it moves slowly
- food may feel stuck in the chest
- sometimes food gets completely stuck

Stuck food is called a food bolus obstruction.

What causes EoE?

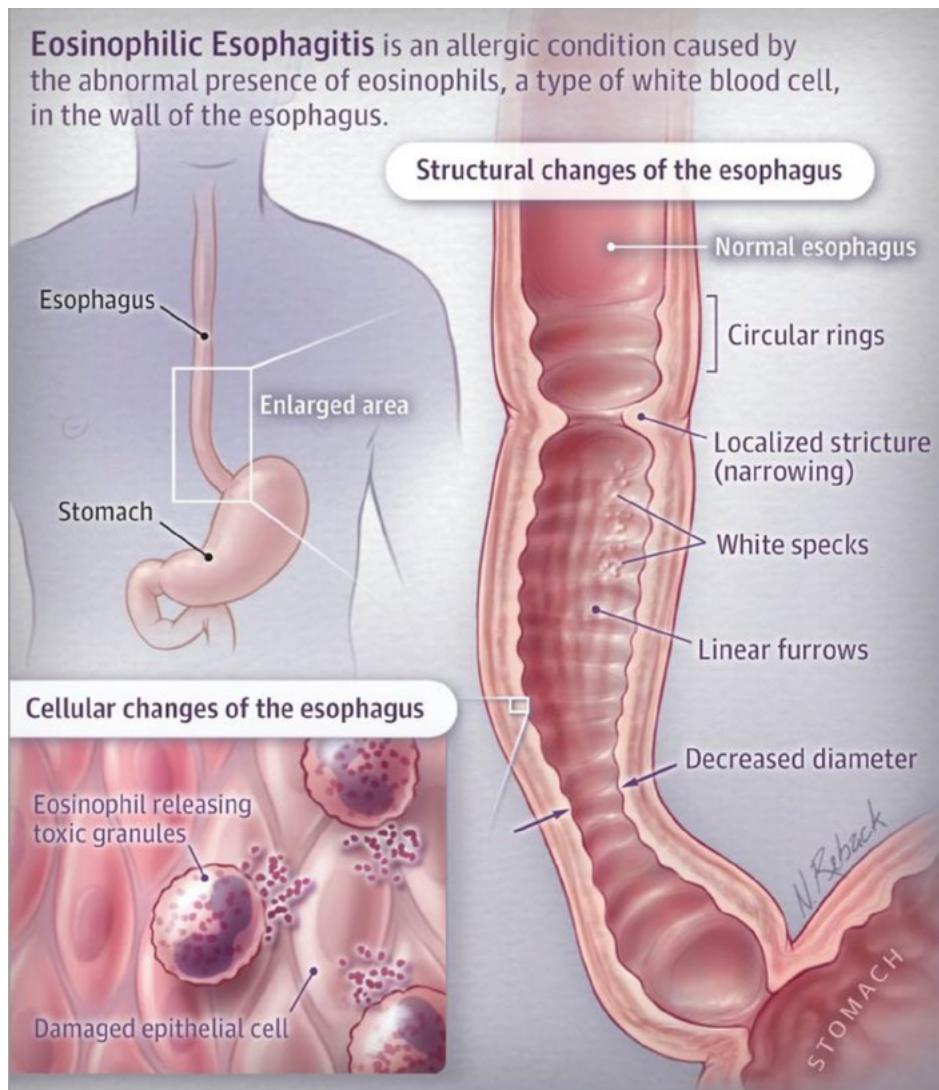
We do not fully know what causes EoE.

It is thought that certain foods trigger a reaction in the body. This causes eosinophils to build up in the oesophagus.

This is not a typical food allergy, because it only affects the oesophagus.

The food that causes the problem is not always the food that gets stuck.

- Cow's milk is a common trigger, but it is a liquid so does not usually get stuck
- Foods like meat or bread are more likely to get stuck because of their texture.



Who does EoE affect?

EoE can affect anyone.

It is more common in:

- men
- people with asthma, eczema, or hay fever
- people with a family history of EoE

It can happen at any age, from children to older adults.

It is not caused by anything you have done.

Around 1 in 1,000 people have EoE.

Can you tell if you have EoE?

Some people do not realise they have EoE.

They may change how they eat without noticing. For example, they may:

- eat slowly and chew a lot
- cut food into small pieces
- drink fluids with meals
- avoid foods like meat or bread

Because of this, symptoms can go on for a long time before diagnosis.

Why is early diagnosis so important?

EoE can affect your daily life.

Food getting stuck can be painful and frightening. Some people may need to go to hospital.

If EoE is not treated, the oesophagus can become narrow. This is called a stricture. It makes swallowing harder.

The good news is that treatment can help control symptoms and reduce this risk.

How is EoE Treated?

There are two main ways to treat EoE:

Medications:

Medicines can reduce swelling in the oesophagus.

- Some people take acid-reducing tablets (PPIs). These do not work for everyone
- Steroid treatment can be used to reduce swelling. The steroid is made to work mainly in the oesophagus. This is so there are fewer side effects.

With medicine, most people can eat on a normal diet.

Dietary elimination:

Another option is to remove certain foods from your diet.

Common trigger foods include:

- milk
- wheat (gluten)
- eggs
- soy
- nuts
- seafood

Foods are removed and then slowly added back to find the cause.

You may need repeat gastroscopies during this process.

Diet treatment can work well, but it can be difficult to follow. Support from a dietitian is important.

How long will treatment be needed for?

EoE is usually a long-term condition.

There is no cure yet, but treatment can control symptoms well.

Most people need ongoing treatment, even when they feel better.

What to do in an emergency?

If food gets stuck, this is called a food bolus obstruction.

You may feel:

- chest tightness or pain
- food stuck in the chest
- difficulty swallowing saliva

If you:

- have serious chest pain
- have trouble breathing
- feel very unwell

Go to the emergency department straight away.

If symptoms are mild:

- try to stay calm
- walk around gently
- sip water or fizzy drinks

If the food has not passed after two hours, go to the emergency department.

If you have any other concerns, please contact:

Poole Hospital Endoscopy Department:

0300 019 2944 (Monday - Saturday, 8am- 6pm)

The Royal Bournemouth Hospital Endoscopy Department:

0300 019 4668 (Monday - Friday, 8am - 6pm)

Royal Bournemouth Hospital Gastro ward (gastroenterology):

0300 019 4501 (out of hours)

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