EOSINOPHILIC ESOPHAGITIS (EoE)

Treatment

The three main choices to care for your eosinophilic esophagitis (EoE) are changes to your diet, using certain medications and esophageal dilation.

Along with your GI doctor, you also need to see an expert registered dietitian (RD) for this condition. Your GI doctor and RD will talk with you about which choices are best for your case of EoE.

EoE Diet

There are a few diet options that could help you care for your EoE. Do not start any of these diets unless your doctor or RD tells you to do so:

- **Targeted elimination diets** — Foods that test positive on allergy testing are removed from the diet.
- **Food elimination diet** — This type of diet has shown success in some patients. Instead of getting rid of foods based on allergy testing results, patients get rid of common allergy-causing foods (milk, eggs, wheat, soy, peanuts/tree nuts, and fish/shellfish).
- **Elemental diet** — All sources of protein are removed from the diet and the patient drinks only an amino acid formula. Sometimes, a feeding tube may be needed.
- **Food trial** — Specific foods are removed from the diet and then added back one at a time to figure out which foods cause a reaction.

Diet management involves repeat endoscopies with tissue sample as foods are reintroduced to find out which foods are tolerated.

The information provided by the AGA Institute is not medical advice and should not be considered a replacement for seeing a medical professional.
**EoE Medications**

As of now, the FDA has not approved any drugs for the treatment of EoE. However, some doctors have found these to help *ease the pain* of EoE in certain patients:

- **Topical steroids** — These are swallowed from an asthma inhaler or a mixture to control EoE.
- **Acid suppressors** — These may help ease reflux symptoms in some patients in combination with dietary therapy or drugs.
- **Proton Pump Inhibitors** — These are most often used for reflux, but can be helpful in EoE.

**Esophageal Dilation**

In some patients, there may be scarring and narrowing of the esophagus (the tube that links your mouth and your stomach) that diet therapy or medications may not treat. As a result, *some patients may need to have this area of their esophagus “stretched.”*

- Esophageal dilation (stretching) can be done at the time of an endoscopy.
- Often, a balloon is inserted through the flexible tube and then blown up in the area of narrowing to stretch this area open.
- This can be helpful in relieving the sense of food sticking with swallowing.
- Doing this procedure has a small risk that bleeding may occur or a hole could develop in the esophagus (perforation). Rarely, these complications need to be treated with surgery.
Still Having Symptoms?

Even with a firm answer, it can feel frustrating, or even scary, to keep having symptoms. The first question to think about is:

- If you are following specific food restrictions or plans, are you consuming the allergen by mistake?

_If you are on either a food management plan or drugs, and your symptoms have been there for at least six months, you should speak with your GI doctor about trying both at once to help your EoE symptoms or about other options you may have._