Eosinophilic oesophagitis (EoE) is caused by white blood cells (eosinophils) invading the lining of the oesophagus and causing inflammation.

It can affect all age groups but is more common in males, white populations, and those with other allergic conditions such as food allergy, asthma, eczema, and hay fever. While the cause of EoE is not fully understood, it is likely to be due to an immune response to certain foods.

Although the trigger is not always known there are some common foods, especially milk and wheat, can cause EoE, but other foods may also be involved.

**Symptoms**

They can vary and are often age related; infants and young children usually have nausea (feeling sick), vomiting, abdominal pain, food refusal, or not growing properly. Older children commonly experience difficulty swallowing, recurrent abdominal pain or vomiting, and adolescents and adults often have episodes of food sticking, difficulty swallowing, heartburn, and regurgitation. People with EoE often have to eat slowly, chew their food excessively, drink lots of water with meals and often avoid foods likely to get stuck such as chicken or steak.

**Diagnosis:**

EoE is usually diagnosed by examining the upper gastrointestinal tract (the upper part of the gut) by a procedure known as an endoscopy. This involves passing an endoscope (small tube with a camera on the end) into the mouth and down into the oesophagus, stomach, and duodenum (the first part of the small intestine). A small sample of the oesophageal lining, known as a biopsy, will be sent for analysis. People who have typical symptoms accompanied by changes in the oesophagus and/or a high number of eosinophils (allergy cells) in the biopsy are most likely to be diagnosed with EoE.
Management:

- **Dietary management:** usually starts by excluding milk and/or wheat and monitoring the response when foods are re-introduced. This may involve another endoscopy to check on the success of the diet in reducing the number of eosinophils. If there has been no or limited response it may be suggested to exclude egg and/or soy in addition to milk and wheat. But this will vary on an individual basis.

- **Drugs (medications):** Steroids can reduce inflammation and are usually taken in the form of an oral suspension or tablet that is dissolved in the roof of the mouth to coat the oesophagus. In addition, proton pump inhibitors (PPIs) such as omeprazole or lansoprazole may also be prescribed.

- **Dilation:** This treatment is only needed in patients who may develop severe narrowing of oesophagus. It is a procedure that is performed by endoscopy.