Australian Paediatric Surveillance Unit (APSU)
Parent/Carer Information Sheet
Eosinophilic Oesophagitis (EoE)

This fact sheet was prepared by Dr Claire Nickolls and Professor Dianne Campbell, July 2013

BACKGROUND

Eosinophilic Oesophagitis (EoE) is a rare allergic disorder that affects the oesophagus, the tube that carries food from the mouth to the stomach. An eosinophil is a type of white blood cell that also causes the allergic type of inflammation seen in allergic rhinitis (hay fever) and asthma. Eosinophils are not normally found in the oesophagus. In EoE, the lining of the oesophagus is infiltrated with eosinophils, resulting in pain and the oesophagus not working properly.

EoE can happen in children and adults, and the symptoms can be different depending on the person's age. Some symptoms include refusing to eat food, vomiting, pain in the tummy or chest, difficult or painful swallowing, and feeling that food gets "stuck" in the throat or chest. It should be noted that vomiting is a common symptom in young children, and most do not have EoE.

If the diagnosis is suspected by the doctor, it needs to be confirmed by having the oesophagus examined by endoscopy. During an endoscopy, the doctor (a gastroenterologist) puts a thin tube with a camera on the end into the mouth and down into the oesophagus. The oesophagus can be looked at and small samples taken to later look under the microscope to see if eosinophils are present. The child is asleep during the procedure.

We don't know what causes EoE. Around 80% of people with EoE also have other allergic conditions such as allergic rhinitis (hay fever) or asthma. We think that many cases of EoE may be caused by allergies to foods or pollens. When food is involved, staples such as cow's milk (dairy products), wheat, meats, soy and egg seem to be the most common triggers.

Treatment of EoE usually involves medication and/or diet changes. The medicine most commonly used to treat EoE is a steroid which swallowed to help reduce inflammation in the oesophagus. This is similar to the way steroids are used to manage hay fever (via nasal application) or asthma (by inhalation). Diet management is tailored so as to avoid the foods most likely to be causing the oesophageal inflammation. This is done in consultation with a specialist allergy doctor and dietician. Adrenaline auto-injectors (e.g. EpiPen, Anapen) are not required for patients with EoE.

Repeat endoscopies and biopsies are needed to monitor response to treatment and guide dietary changes. In some people, EoE left untreated may cause narrowing of the oesophagus, (oesophageal stricture).

THIS STUDY

The number of people with EoE in Australia is not known, but the frequency seems to be increasing. There are controversies as to the role of allergy and diet manipulation, and how many people are actually helped by changing the diet. We also do not know the long term outcome of people diagnosed with EoE.

We are conducting a national surveillance study through the Australian Paediatric Surveillance Unit (APSU) to learn more about EoE in children. Our study will be the first to collect national data on EoE and will help us determine the number of newly diagnosed children with EoE in Australia. We also hope to learn more about attributes of the children diagnosed (e.g. age, other allergic diseases, family history of EoE), presenting symptoms, possible triggering foods, how they are currently diagnosed and managed and response to treatment. The information we collect will help health professionals better understand EoE and develop treatment guidelines.

LINKS

For more information on EoE, you can visit:
Australasian Society of Clinical Immunology and Allergy
(www.allergy.org.au/patients/food-other-adverse-reactions/eosinophilic-oesophagitis)
American Partnership for Eosinophilic Disorders (www.apfed.org)
Australian Support Network for Eosinophilic Oesophagitis and related disorders (www.ausee.org)