

# About ausEE

ausEE Inc. is a registered Australian charity dedicated to providing support and information to anyone diagnosed with or caring for someone with an Eosinophilic Gastrointestinal Disorder (EGID) including Eosinophilic oEsophagitis (EE or EoE).

We are committed to raising public awareness and supporting the medical community for further research in Australia.

## Do you want more information?

Talk to your doctor about Eosinophilic Gastrointestinal Disorders. There is also additional information at

[www.ausee.org](http://www.ausee.org)

### References

1. Australasian Society of Clinical Immunology and Allergy. Available at: [www.allergy.org.au/content/view/168/1/](http://www.allergy.org.au/content/view/168/1/)
2. Cincinnati Children's Hospital Medical Center. Available at: [www.cincinnatichildrens.org/svc/alpha/e/eosinophilic/about/default.htm](http://www.cincinnatichildrens.org/svc/alpha/e/eosinophilic/about/default.htm)
3. American Partnership for Eosinophilic Disorders. Available at: [www.apfed.org/ee.htm](http://www.apfed.org/ee.htm) and [www.apfed.org/egid.htm](http://www.apfed.org/egid.htm)

Produced as an educational resource by ausEE Inc.

# Contact us



Australian Support Network for Eosinophilic oEsophagitis and related disorders

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# Eosinophilic Gastrointestinal Disorders

## What you should know



## What are Eosinophilic Gastrointestinal Disorders?

Eosinophilic gastrointestinal disorders (EGID) occur when eosinophils (pronounced ee-oh-sin-oh-fills), a type of white blood cell, are found in above-normal amounts within the gastrointestinal tract.

Eosinophils are important in your body's defense against parasitic infections (e.g. worms). However, they are also involved in allergy. In some individuals, eosinophils accumulate in the gut in response to food and/or airborne allergens and can cause inflammation and tissue damage. The abnormal amounts of eosinophils can occur in the:

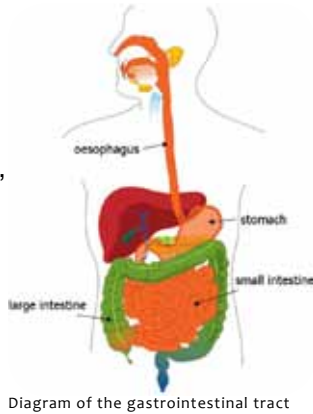


Diagram of the gastrointestinal tract

- Oesophagus (eosinophilic oesophagitis)
- Stomach (eosinophilic gastritis)
- Small intestine (eosinophilic enteritis)
- Large intestine (eosinophilic colitis)
- Throughout the gastrointestinal tract (eosinophilic gastroenteritis).

## What is Eosinophilic oEsophagitis?

Eosinophilic oEsophagitis (EE or EoE) is the most common type of Eosinophilic Gastrointestinal Disorder (EGID). The cause of EE in some individuals appears to be due to an allergy to food(s) and/or aero-allergens. Males are more commonly affected than females. The current<sup>1</sup> estimated prevalence of EE is 1–4 cases per 10,000 individuals and rising. People with EE commonly have other allergic diseases such as asthma or eczema. EE affects people of all ages, gender and ethnic backgrounds, in certain families, there may be an inherited (genetic) tendency.

The symptoms of eosinophilic oesophagitis vary from one individual to the next and can include:

- Feeding difficulty (such as needing to puree foods, being slow to chew foods, avoidance of certain foods)
- Poor appetite
- Dysphagia (difficulty in swallowing foods and/or requiring a drink after eating)
- Nausea, persistent vomiting and retching
- Reflux that does not respond to anti-acid medication
- Abdominal or chest pain
- Failure to thrive (failure to put on or loss of weight)
- Food impaction
- Difficulty sleeping

In other types of eosinophilic gastrointestinal disorders, symptoms depend on which part of the gut is affected (e.g. diarrhoea and bloody stools if the small or large intestine is involved).

## How is EGID & EE Diagnosed?

**Endoscopy and biopsy** is the ONLY way to confirm the diagnosis of EGID and EE. It cannot be diagnosed based upon symptoms alone.

**Endoscopy** – a gastroenterologist performs an endoscopy by using an endoscope (a tube with a light and camera at the end) to look at the GI tract and take small biopsies, usually from the upper oesophagus, lower oesophagus, stomach and duodenum. The oesophagus may look visually normal, but when the tissue is examined under a microscope, an abnormal accumulation of eosinophils can be detected resulting in diagnosis. It is also possible that the endoscopist could visually detect rings or furrowing, thickened folds and white plaques.

**Biopsy** – the biopsies taken are later reviewed by a pathologist. A high number of eosinophils (counted per high power field under the microscope) suggest the diagnosis of EGID. Eosinophils can normally be found in small numbers in all areas of the GI tract except the oesophagus. GERD/GORD (acid reflux disease) is associated with low numbers of eosinophils in the oesophagus. With eosinophilic oesophagitis, the number of eosinophils seen is much higher and remains elevated despite treatment with acid reflux medication.



Oesophagus with furrowing

## What is the Treatment for EGID & EE?

There is no cure for EGID and EE, but the goal of treatment is to eliminate the eosinophils in the affected area, thereby alleviating symptoms.

An **Elimination diet** is one common treatment option. It is important to speak with a qualified Allergist/Gastroenterologist, and have a Dietitian experienced in food allergy before undertaking an elimination diet. The elimination diet is tailored to the individual. Some individuals



Skin prick testing

may be able to identify specific food(s) that trigger symptoms, but others cannot. More than one food may be involved. Some doctors may suggest the patient remove the top 8 food allergens implicated in EE (milk, egg, soy, wheat, peanut, tree nut, shellfish and fish). Another option may be removing food(s) the patient has tested positive to via skin prick testing, specific food IgE testing and/or atopy patch testing. In EGID it is not uncommon for allergy skin prick testing to be negative. This means that a food is at low risk for immediate (minutes to hours) reactions. Food proteins can however stimulate inflammation over days to weeks and this may require other tests including exclusion periods.

An **Elemental diet** consists of only a special medical food called an elemental formula, which contains amino acids (the building blocks of proteins), fats, sugars, vitamins and minerals. They provide all the nutrition a person needs if enough is taken. Some individuals need a feeding tube to ensure they are getting enough of the formula or to give the oesophagus a rest. The patient is placed on the formula alone for a number of weeks, and will then have a repeat endoscopy to see if there has been improvement. If the condition has improved, then foods are slowly introduced back into the diet and a repeat endoscopy is often performed to ensure ongoing control with food reintroduction.

**Medication** can be used alone and/or along with dietary management. The most common medication used is a corticosteroid spray used in asthma. However, the spray is not inhaled but swallowed, so that the oesophagus is coated with the medication. Acid reflux medications may also be used. The doctor will determine which, if any, medications are appropriate for each individual.