



**ALLERGY
ASSOCIATES**
INDEPENDENT ALLERGY AND ASTHMA PHYSICIANS

KRAIG W. JACOBSON, MD
SARAH S. KEHL, MD
JASON H. FRIESEN, MD
MELANIE CHALA WAYNE, MSN, FNP-BC

1488 OAK STREET, EUGENE
OR 97401 541-683-1577

Eosinophilic Esophagitis (EE)

Eosinophilic Esophagitis is a condition characterized by difficult or painful swallowing and often is associated with symptoms of heartburn. It is caused by an invasion of the lining of the esophagus by a certain type of cell called an Eosinophil. The diagnosis is made by a biopsy of the esophagus which shows an abnormally high number of eosinophils. The lining of the esophagus develops furrows and rings, becomes narrowed, and causes food to get stuck. It can occur along with gastroesophageal reflux, otherwise known as acid reflux or GERD.

The emergence of this disorder has risen along with the increased incidence of allergies and asthma. Like allergies in general, EE clusters in families. Many patients have either a personal history of allergies or a family history of allergies.

Eosinophilic Esophagitis may be allergic, or may be idiopathic (due to an unknown cause). People with EE may have skin prick and/or patch testing to foods to determine whether there is an allergic dietary component.

Treatment: This condition can be treated with swallowed fluticasone propionate, the active ingredient in some asthma medications. A medication called a Proton Pump Inhibitor may also be used, especially if there is associated acid reflux (GERD). If food testing is done and is positive, certain foods may need to be eliminated from the diet. Occasionally a surgical procedure known as esophageal dilatation is required to stretch the esophagus enough to allow for comfortable passing of food.