

EOSINOPHILIC DISEASES

EoS, EoE, EGIDs, EC, and other terms may be used to describe any of the eosinophilic diseases. These conditions affect any part of the digestive system and may infiltrate the respiratory system and other parts of the body. In most cases, the disease is specific to one area. EoE specifically affects the oesophagus, or food pipe, EC is when the disease affects the colon. EGIDs is the term used for the whole spectrum and may indicate that a patient has disease through the whole of the digestive tract.

Symptoms vary greatly, with young children often displaying food refusal, acid reflux, vomiting, or failure to thrive. Teenagers may experience any of the same symptoms with added difficulty swallowing, or the feeling of food sticking in the throat, and moving into adulthood, there may be food bolus obstruction which could lead to an emergency endoscopy to remove the blockage. There will be soreness and pain on swallowing, and many people avoid food, or may need elemental nutrition, or parenteral nutrition in the form of tube feeding, either nasal or PEG.

What are eosinophils?

Eosinophils are a normal part of the immune system, in the form of a white blood cell. Their job is to seek out and destroy parasites and other foreign substances that we encounter. For someone who has eosinophilic disease, it means that the eosinophils go into overdrive, and **recognise substances that are usually safe as invaders to be attacked**. The eosinophils latch on to the invader, attaching it to other cells, work their way inside, and then granulate and explode, causing damage to any surrounding tissue. They are called eosinophils because they can only be seen under a microscope when stained with the chemical eosin.

SFED and other elimination diets

Many patients will start an elimination diet of one form or another, this needs guidance and support from a dietitian with experience in eosinophilic diseases. There are several schools of thought on where to start and which foods to eliminate, the most common ones being **wheat** and **milk**, but if there is no improvement it may also be necessary to eliminate **eggs, fish** (including **molluscs** and **crustacea**), **soya** and **nuts** (including **peanuts**). After that, other foods may be excluded to the point of having nutritional drinks on prescription and starting right from the beginning as if weaning a baby, to try and identify the offending food. Some people have reacted to rice, maize, spices, and rapeseed oil. For others, it may be something in the environment, such as pollen, an ingredient in a perfume, or air freshener.

There is no cure.

The only way to avoid the symptoms, is to avoid the triggers. Steroids are licensed for a maximum of 12 weeks, they do not work for everyone, and for those who do benefit it was soon apparent that the symptoms returned when the steroid was stopped. Now it is possible to be prescribed a maintenance dose of the steroid, but only through a hospital consultant, it is not yet available through General Practice Doctors. More information and support may be found on the website: <https://www.eosnetwork.org>

Diagnosis and Treatment

There is still a lot to be learned about Eosinophilic disease, and it is not very widely known about among GPs. For many patients, they are told that it is 'only heartburn, acid reflux, a hiatus hernia, or it's in their head' and they are referred to psychologists. It takes an average of 8 years to get a diagnosis, but for many people it can take 20 years or even longer. EGIDs can only be conclusively diagnosed by biopsies, which will be taken during an endoscopy or colonoscopy, although there may be many months or years of keeping food and symptom diaries.

Treatment often starts with Proton Pump Inhibitors to reduce the amount of acid produced in the stomach, this will then be followed by an elimination diet, steroid medication, and followed up with regular endoscopies with biopsies to monitor the patient and adjust treatment according to changes in the condition.

Reintroducing foods

Foods must be reintroduced one at a time, in small amounts, gradually building to a normal portion. Each food until there is a marked reaction, i.e. until the patient is made ill again, up to 12 weeks between each food. Then there may be an endoscopy to check for eosinophilic activity, if there is no activity then the next food is tried. This process continues until the trigger is found, at which point the patient will be suffering symptoms again, the food will be discontinued and a further 8 to 12 weeks will be left before trying the next food, to allow the patient to recover.

Eating out is nigh-on impossible because many sufferers react to many of the top 14 allergens, and some other foods. Even shopping can be very difficult and traumatic looking for suitable alternatives to everyday staple foods.