

Eosinophilic Esophagitis Patient Journey

Symptoms

- difficulty swallowing
- painful swallowing
- abdominal/chest pain
- feeling of food stuck in throat
- vomiting/regurgitation
- heartburn/reflux
- refusing food
- bloating
- early satiety
- lethargy

The animation version of this information is available here:



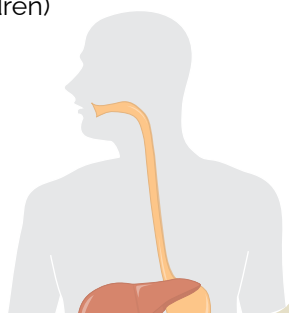
badgut.org/eoe-patient-journey-video

What is Eosinophilic Esophagitis?

Eosinophilic esophagitis (EoE) occurs when there are too many eosinophils, a type of white blood cell, in the esophagus.

Risk Factors

- age (children)
- male
- asthma
- eczema
- seasonal allergies
- family history of EoE



First Physician Visit

- review medical history
- review symptoms
- physical examination

Testing

- referral to gastroenterologist to confirm diagnosis on endoscopy
- referral to allergist for further testing
- endoscopy with biopsy and eosinophil count
- trans-nasal endoscopy
- blood tests
- sponge or string tests

Negative Results

- further testing

Treatments

Dietary Therapy

- 2-4-6 elimination diet for cow's milk, wheat, egg, soy, peanuts/tree nuts, and/or fish/shellfish
- elemental diet
- temporary feeding tube

Medications

- medications that treat the symptoms
- medications that treat the underlying inflammation

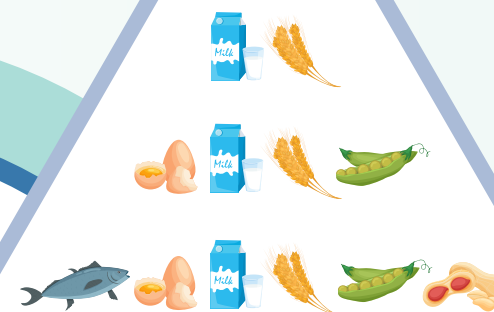
Other

- endoscopic dilation (balloon or bougie dilators)
- clinical trials

Positive Results (Diagnosis)

- disease location
 - » esophagus = EoE
 - » can be in other parts of the GI tract

2-4-6 ELIMINATION DIET



Resources

- individual and/or family-based counselling
- support groups and online communities
- consult GI Society resources
- arrange special accommodations with school/work

badgut.org

Ongoing Care

Healthcare team may include gastroenterologist, allergist, registered dietitian, radiology specialists, and mental health professional.

- support from healthcare team and community
- regular doctor visits
- ongoing tests
- monitoring
 - » comorbidities (asthma, atopic dermatitis, food allergies)
 - » complications (food bolus obstruction, malnutrition mainly due to limited oral intake, difficulty with breastfeeding or formula in infants, failure to thrive and delayed growth in young children)

The GI Society thanks its staff, the patients who shared their journeys, including Jonathan Abbey, and gastroenterologists Dr. Sarvee Moosavi and Dr. James Gray for their generous contributions to this project. We also thank Sanofi-Aventis Canada and AVIR Pharma for educational grants to help us map and animate this complex patient journey. © 2023 Gastrointestinal Society.