

Eosinophils are white blood cells that increase in response to allergen mediated immune system activation. In patients with eosinophilic esophagitis, eosinophils infiltrate and accumulate in the esophageal tissue. This buildup of eosinophils can lead to chronic inflammation of esophageal mucosa. Biopsy of the tissue reveals at least 15 eosinophils per high-power field infiltrating esophageal mucosa.

Unresponsive to GERD Therapy

[Ant-acid-bottle and H2 Block-man Ignored By Girdle-Girl](#)

GERD therapy (e.g., antacids, H-2-receptor blockers) is usually ineffective in patients with eosinophilic esophagitis. Dietary modifications (e.g., removal of the allergen) is crucial for the effective control of disease activity, and proton pump inhibitors or topical steroids can be used as initial pharmacologic agents.

Interventions

Elimination Diet

[Food Being Eliminated](#)

One of the initial treatment options for eosinophilic esophagitis is elimination diet. A six-food elimination diet or a four-food elimination diet are both viable options. Foods that are eliminated typically include common allergens (e.g., dairy products, wheat, egg, soy). This approach to treatment should be coordinated with a dietician since elimination diet can result in restriction of calories and nutrients.

Proton Pump Inhibitors (PPIs)

[Proton Pump with Inhibiting-chains](#)

Proton pump inhibitors are one of the first-line medications for eosinophilic esophagitis. The clinical response should be evaluated after an 8-week course of treatment. At the end of the 8-week course, endoscopy is also frequently done to evaluate histologic response.

Topical Glucocorticoids

[Top-hat Quarter-on-steroids](#)

Topical glucocorticoids are also first-line medications for eosinophilic esophagitis. Fluticasone treatment for 4-8 weeks is typically recommended. The drug is sprayed in the back of the mouth, and the patient is instructed to swallow so that the drug coats the mucosal surface of the esophagus.