



## Letters

# In search of Eosinophilic Esophagitis: Adding a complete eating history



Eosinophilic esophagitis (EoE) is a chronic disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil predominant inflammation. It is a disease with a growing recognition by both primary care physicians and specialists. Allergists often see patients referred from gastroenterologists for management of the allergic comorbidities associated with EoE. Up to 90% of EoE patients have allergies,<sup>1</sup> and EoE is now recognized as part of the allergic march.<sup>2</sup> Given the delay often seen between the onset of symptoms and diagnosis, one could ask the question of whether we as allergists should be diagnosing EoE earlier in the disease process before patients are so symptomatic that they are at risk for failure to thrive in children or a food bolus impaction in adolescents and adults.

A recent review in my practice of 36 consecutive adult patients with histologically confirmed EoE revealed that a significant number had had a food bolus obstruction. Over half had had a dilation, and the mean time from symptom onset to diagnosis was 8 years (Table 1). These data suggest that EoE in adults has significant morbidity and delay in diagnosis.

Symptoms in children can be very nonspecific; therefore, suspicion for EoE is more difficult than in adolescents and adults. However, in highly atopic infants and children with persistent abdominal symptoms, vomiting or failure to thrive should have a high index of suspicion for EoE.<sup>3</sup>

As children grow older, untreated esophageal inflammatory disease leads to narrowing of the esophagus and symptoms of dysphagia. This progression may be very gradual, with the patient adapting eating behaviors that accommodate the onset of fibrostenotic disease.<sup>4</sup>

Dysphagia is a distinct symptom of EoE, but one that patients will not often volunteer. In certain settings there should be a high level of suspicion for EoE. One is pollen food allergy syndrome. Pollen food allergy syndrome is found with higher frequency in patients with allergic rhinitis and EoE than in patients with allergic rhinitis and no EoE.<sup>5</sup> Therefore, patients with pollen food allergy syndrome should be questioned carefully about symptoms that might suggest symptoms of EoE.

The parents are often unaware of this gradual onset of eating behaviors in their older children. Therefore, a detailed eating history is required by the allergist. One must ask questions specifically directed to solid food dysphagia in preteens, adolescents, and

**Table 1**

Clinical Characteristics of 36 Consecutive EoE Adults in a Single Practice

| Mean age          | 40      | Pollen food allergy syndrome    | 11/36 |
|-------------------|---------|---------------------------------|-------|
| M/F               | 26M/10F | Mean symptom duration in years  | 13    |
| Allergic rhinitis | 29/36   | Mean time to diagnosis in years | 8     |
| Asthma            | 12/36   | Food bolus impactions           | 10/36 |
| Food anaphylaxis  | 8/36    | Dilations                       | 19/36 |

adults. This includes questions such as “Do you ever notice that some foods are hard to swallow?” “Do you drink water with each bite of food to help it go down?” “Do you ever need to vomit up food that has become stuck in your throat?” “Do you cut your food in small pieces and chew carefully?” “Are you the last to finish meals?”

In addition, a portion of patients with EoE will have a relative with EoE.<sup>6</sup> Therefore, a family history of dysphagia or esophageal dilation should also be included in the history, because 1 parent also may have similar symptoms.

As allergists, we often diagnose IgE-mediated allergic disease even before skin testing based on the clinical history. We should also be using our skills in history taking to make an EoE-directed history part of every visit with our patients of all ages, recognizing that during the period of transition from childhood to adolescents early subtle symptoms of dysphagia manifest.

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