Eosinophilic esophagitis – The importance of food restriction

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Aims: The eosinophilic esophagitis (EE) is a chronic inflammatory disease, with an immunological component. The relation with food allergy has been reported in a crescent number of studies, demonstrating the key role that food restriction has on symptomatic improvement in these patients.

Methods: Retrospective analysis of clinical records of pediatric patients diagnosed with EE, confirmed histologically in our hospital from 2009 to 2015.

Results: 7 cases of EE were diagnosed with an average age of 14.5 years, the number of male patients was superior (n=6). The clinical presentation was complaints of dysphagia and food impaction in all patients, with mean age of presentation at 12.5 years. Patients underwent upper gastrointestinal endoscopy, and the biopsies demonstrated in all patients, the presence of numerous eosinophils (>15 per high power field) in the lamina propria and in transepithelial migration. There was an increase of total IgE (172-877 kU / l) in 4 patients, 3 of whom had positive phadiatop to inhalant allergens. The inhalant allergens were negative in the remaining patients. Food allergens and specific IgE for food were negative. Skin tests (milk, egg, soy, wheat, peanuts, hake, shellfish) were positive for wheat in just one patient, all the others were negative. It was empirically established a restrictive diet in 2 patients, since there was no clinical improvement with drug therapy alone (fluticasone 500μg bid). The exclusion of cow’s milk, beef, egg and soy in a patient’s diet and cow’s milk, soy and egg on another patient’s diet resulted in a significant clinical and histological improvement.

Discussion and Conclusion: EE pathogenesis seems to be related to atopy and its control should include a dietary component as an adjunct to the pharmacological therapy instituted. Although skin tests may be negative, dietary restriction of certain foods can improve symptoms and histology on these patients.