

# Eosinophilic Esophagitis (EoE) in Children

Symptoms, diagnosis by endoscopy, treatment options, and safety red flags for families.

## At-a-glance

- What this is: EoE is an allergic-type inflammation of the esophagus that can cause feeding trouble, reflux-like symptoms, or food sticking.
- Typical ages: Any age; feeding issues in young kids, swallowing/food sticking in older kids and teens.
- What to do today: If food gets stuck or swallowing is difficult, seek urgent care. Otherwise, track symptoms and follow GI/allergy evaluation.
- △ Red flags (urgent/ER): Food stuck with drooling or inability to swallow saliva, breathing trouble, severe distress, dehydration from vomiting.
- When to see a clinician: Routine visit for ongoing swallowing trouble, slow eating, poor growth, or reflux symptoms not improving.

## What it is (plain language)

Eosinophilic esophagitis (EoE) is a chronic inflammation of the esophagus (the food pipe) driven by immune reactions—often to foods.

The esophagus becomes irritated and can narrow over time, leading to trouble swallowing or food getting stuck.

- EoE is not the same as reflux, but reflux-like symptoms can happen.
- Many children with EoE have other allergic conditions (asthma, eczema, allergic rhinitis).

## Why it happens (causes & triggers)

- Immune reaction to food proteins (common triggers include milk, wheat, egg, soy, nuts, seafood—varies by child).
- Environmental allergies may contribute.
- Family history of allergies can increase risk.

## Symptoms (including by age)

- Infants/toddlers: feeding refusal, vomiting, poor growth.
- School-age: belly pain, reflux symptoms, vomiting, slow eating, picky textures.
- Teens: dysphagia (trouble swallowing), food sticking, chest discomfort; food impaction risk.

### **⚠ Food stuck (impaction) can be an emergency**

If your child cannot swallow saliva, is drooling, or has severe chest/throat discomfort with food stuck, seek emergency care.

## **Home care and what helps**

- If food seems to stick often: cut food into small pieces, slow bites, chew well, drink water with meals.
- Avoid forcing large ‘wash-down’ bites.
- Follow the treatment plan: medicine and/or diet therapy.
- Keep a symptom log to identify patterns (but do not eliminate many foods without clinician/dietitian guidance).

## **What NOT to do**

- Do not try to push stuck food down with bread/meat—seek care if it doesn’t clear quickly.
- Do not start a highly restrictive diet without guidance (nutrition risk).
- Do not assume symptoms are ‘just anxiety’ if food sticking happens.

## **When to worry: triage guidance**

- Emergency now: food stuck with inability to swallow saliva/drooling, breathing trouble, severe distress.
- Same-day urgent visit: repeated vomiting with dehydration, significant chest pain, inability to keep fluids.
- Routine appointment: ongoing reflux symptoms despite treatment, slow eating, trouble swallowing, poor growth.
- Watch at home: mild symptoms while awaiting evaluation, with good hydration and no red flags.

## **How doctors diagnose it**

- Diagnosis requires upper endoscopy with biopsies (tiny samples) showing eosinophils in the esophagus.
- Allergy testing may help some families but does not reliably predict all trigger foods.
- Your clinician may also assess for reflux and other causes.

## **Treatment options**

- First-line options (often combined):
- 1) Swallowed topical steroid (for example: budesonide slurry or fluticasone swallowed) to calm inflammation.
- 2) Diet therapy (targeted elimination or step-up elimination) with dietitian support.

- 3) Acid suppression (PPI) may help some children.
- If narrowing: endoscopic dilation may be needed in selected cases (specialist).

### **i Medication safety**

Use medicines exactly as prescribed. Rinse mouth/brush teeth after swallowed steroid to reduce thrush risk.

## **Expected course & prognosis**

- EoE is usually long-term, but symptoms and inflammation can be well controlled.
- Follow-up endoscopy may be needed to confirm healing (symptoms alone can be misleading).
- Most children can thrive with a good plan and nutrition support.

## **Complications**

- Food impaction (food stuck).
- Esophageal narrowing/strictures over time if untreated.
- Feeding anxiety and limited diet (especially in younger kids).

## **Special situations**

- Kids with asthma/eczema: coordinate allergy and GI care.
- School: allergen avoidance plans if diet therapy; safe snacks.
- Sports: usually no restrictions once symptoms controlled.

## **Printable tools**

- Symptom and food log
- Questions to ask your clinician
- Red flags fridge sheet

## Symptom & food log (7 days)

Day	Main symptoms	Meals/trigger notes	Medicine taken	Notes
1				
2				
3				
4				
5				
6				
7				

## Credible sources and last updated date

- AAAAI/ACAAI or GI society patient resources on EoE (overview and treatment).
- Consensus guidelines for EoE management (pediatric and adult).
- Children's hospital EoE programs (diet therapy, swallowed steroids, follow-up endoscopy).

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## Safety disclaimer

This guide supports—not replaces—care from your child's clinician. If you are worried that your child is very unwell, has severe pain, trouble breathing, repeated vomiting, or signs of dehydration, seek urgent medical care right away.