



Eosinophilic oesophagitis (EoE)

An allergy-related inflammation of the gullet

PE-GIC-13

EoE is a long-term condition in which allergy-type inflammation affects the gullet, causing difficulty swallowing and food sticking. It is diagnosed with biopsies taken at gastroscopy. Effective treatments include medicines, targeted diets and, when needed, stretching of the gullet.

What is it?

Eosinophils are white blood cells involved in allergic reactions. In EoE, they build up in the lining of the gullet, mainly in response to foods, causing inflammation. Without treatment, this inflammation can, over years, make the gullet stiff and narrow.

EoE is a chronic condition: it can be controlled well, but it tends to return if treatment is stopped.

Who gets it?

- Children and adults of any age
- More often men, frequently young adults
- People with other allergic conditions, such as asthma, eczema, hay fever or food allergies
- It can run in families

Symptoms

- Difficulty swallowing solid food, especially meat, bread and rice
- Food getting stuck (food bolus), which is sometimes the first sign
- Eating slowly, chewing for a long time or drinking a lot with meals, habits many people develop without noticing

- Heartburn or chest pain, sometimes not helped by usual reflux treatment
- In children: feeding difficulties, vomiting, abdominal pain or poor growth

Diagnosis

EoE is diagnosed at gastroscopy. The gullet may show rings, furrows or white spots, but it can look normal, so several biopsies are taken from different levels. The diagnosis is made when the biopsies show a high number of eosinophils and other causes have been considered.

Allergy skin and blood tests are not reliable for identifying the foods that trigger EoE, so they are not normally used to decide which foods to remove.

Treatment

- A proton pump inhibitor (PPI) at a higher dose for 8 to 12 weeks, which controls the inflammation in about half of people
- Swallowed steroid treatment, such as a budesonide tablet that dissolves in the mouth or a liquid, or swallowed fluticasone. These act on the lining of the gullet with little absorption into the body. Do not eat, drink or rinse your mouth for 30 minutes afterwards. Thrush in the mouth or gullet can occur and is treatable
- An elimination diet, usually starting by removing milk (or milk and wheat), followed by step-by-step reintroduction with repeat gastroscopies, guided by a dietitian
- Dupilumab, a biologic medicine given as an injection under the skin, is available in Oman. It is used, in line with its approved uses, for people whose EoE persists despite other treatments or when other treatments are unsuitable
- Stretching (dilatation) of a narrowing, which relieves swallowing quickly but does not treat the inflammation, so it is combined with medicine or diet

Response is checked with a repeat gastroscopy and biopsies after 8 to 12 weeks, because symptoms alone do not reliably show whether the inflammation has settled. Most people need long-term maintenance treatment.

Living with EoE

- Chew well, eat slowly and drink water with meals
- Take particular care with large pieces of meat
- Continue maintenance treatment even when you feel well

- Attend follow-up, including repeat gastroscopies when advised
- Tell your team about other allergy symptoms, as treating them together can help

Get urgent medical care if you have

- Food stuck and you cannot swallow your saliva: go to the emergency department now
- Food stuck for more than a few hours
- Chest pain, fever or vomiting blood after an episode of food sticking or after a stretching procedure
- Difficulty breathing: call 9999
- Swallowing that is getting steadily worse, or weight loss

Common questions

Is EoE the same as a food allergy?

They are related but different. A classic food allergy causes a reaction within minutes, such as hives or swelling. In EoE the inflammation builds up over days to weeks, so it is hard to link symptoms to a single meal.

Will I need treatment for life?

Usually long term. Inflammation and symptoms tend to return when treatment stops, but the dose can often be reduced to the lowest that keeps the condition controlled.

Are swallowed steroids like taking steroid tablets?

No. They work mainly on the lining of the gullet and very little is absorbed into the body, so the side effects of steroid tablets are uncommon. The most common side effect is thrush.

Can EoE turn into cancer?

EoE has not been shown to increase the risk of cancer. The main long-term concern is narrowing of the gullet, which treatment helps prevent.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

ZAD Health, PE-GIC-13