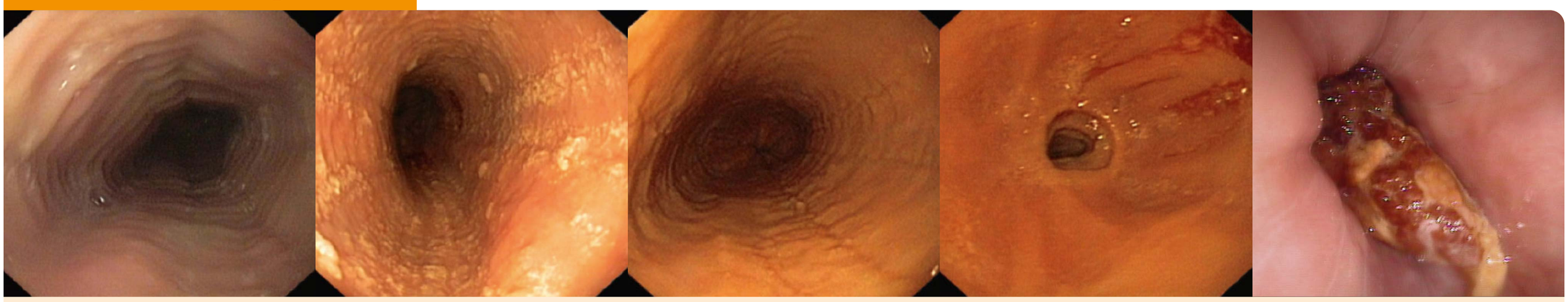
FOOD IMPACTION

EOSINOPHILIC ESOPHAGITIS (EoE) is a likely cause

- More than 50% of all food impactions are due to EoE[1]
- EoE is a chronic, relapsing, **inflammatory disease of the esophagus** that can lead to progressive fibrosis

- Cardinal signs of EoE: symptoms of **esophageal dysfunction**, such as dysphagia and food impaction, and eosinophil-predominant inflammation of the esophagus
- EoE can start at any age, but most frequently afflicts young men (30-50 years old) or children
  Male/female ratio 3:1
- EoE patients frequently have other immune-mediated disorders. Concurrent atopic disorders are common (allergic rhinoconjunctivitis, asthma, atopic dermatitis)

Endoscopic findings of EoE

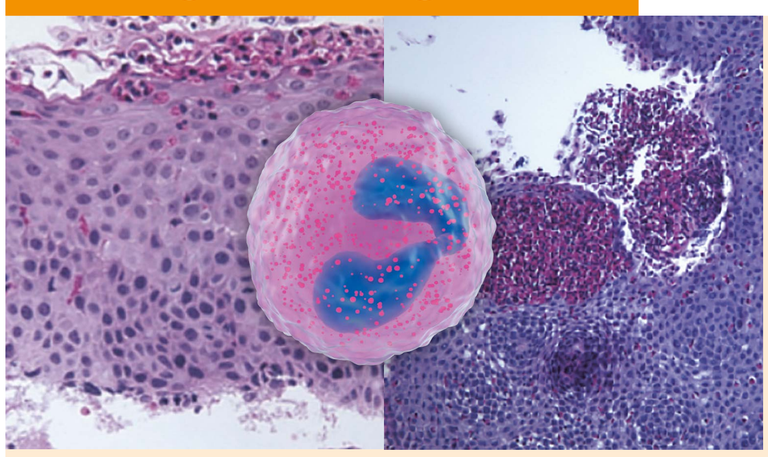


Rings and edema | Exudates | Furrows and edema | Strictures (severe) | Food impaction

The EREFS score is an established tool for diagnosing and monitoring EoE:

Edema, **R**ings, **E**xudates, **F**urrows, **S**trictures

Histological findings of EoE



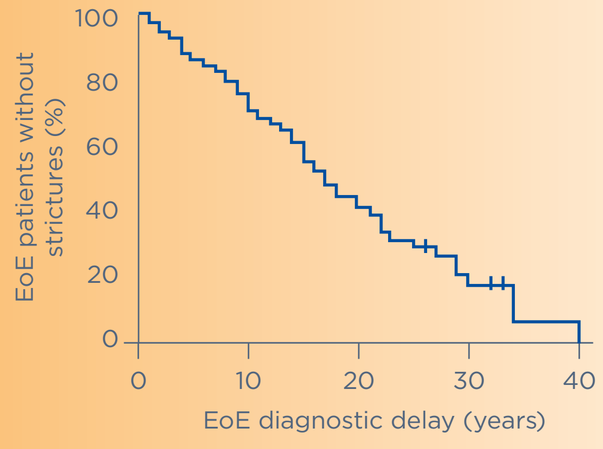
Eosinophil-dense inflammatory infiltrate | Eosinophil-dense microabscess

- Regardless of endoscopic findings, biopsies should always be taken and pathologists should be instructed to specifically examine for eosinophilic infiltrates (≥ 15 eos/hpf: possible EoE) and other signs of EoE
- **At least 6 biopsies should be taken from different levels of the esophagus, especially from regions with endoscopic abnormalities**
- Biopsy collection is also feasible and specifically recommended during emergency endoscopy after bolus removal

EoE requires urgent treatment

- **If left untreated, EoE results in esophageal remodeling with strictures and fibrosis, leading to esophageal dysfunction**
- **The risk of food impaction recurrence is particularly high if EoE is not treated**
- **Effective treatments with few adverse effects are approved and available**

Patients with suspected EoE should be urgently referred to a gastroenterologist!



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References
1 Hiremath GS, Hameed F, Pacheco A, et al. Esophageal Food Impaction and Eosinophilic Esophagitis: A Retrospective Study, Systematic Review, and Meta-Analysis. Dig Dis Sci 2015;60:3181-93.

2 Schoepfer AM, Safroneeva E, Bussmann C, Kuchen T, Portmann S, Simon HU, Straumann A. Delay in diagnosis of eosinophilic esophagitis increases risk for stricture formation in a time-dependent manner. Gastroenterology. 2013 Dec;145(6):1230-6.e1-2. doi: 10.1053/j.gastro.2013.08.015. Epub 2013 Aug 13. PMID: 23954315.

Image sources
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