



Eosinophilic oesophagitis (EoE)

Why food can stick, how biopsies help, and the three ways to treat EoE.

EoE is a long-term immune-related condition affecting the oesophagus, the tube that carries food to the stomach. Treatment aims to settle the inflammation, make swallowing easier and reduce further scarring.

Clinical sources checked 22 October 2026

Three things to know

1. Eosinophilic oesophagitis (EoE) is one of the causes of dysphagia (difficulty swallowing).
2. Medication helps control inflammation. Dilatation can help widen a scarred narrowing from EoE.
3. Feeling better does not always mean the inflammation has settled. Biopsies help check the response.

Changes in swallowing

Food may feel slow to pass or become stuck after swallowing. This is called dysphagia. People often adapt by chewing for longer, taking smaller bites, avoiding meat or bread, or choosing softer textures. Tell me about these changes even if you feel you are managing.

I ask whether the problem affects solid food, liquids or both, whether it is getting worse, and whether food has ever needed to be removed at endoscopy. These details help distinguish narrowing from a problem with how the oesophagus moves. EoE is one possible cause, so new or worsening difficulty swallowing should be assessed.

How EoE is diagnosed

Gastroscopy allows me to look for rings, narrowing and other changes, and take small tissue samples from different parts of the oesophagus. The lining can look relatively normal, so biopsies are important even when the camera view is reassuring.

A pathologist examines the samples under a microscope for eosinophils and other changes. I interpret this alongside your symptoms, endoscopy findings and other possible causes of inflammation.

Medicines and diet before the examination

Acid-suppressing treatment, swallowed steroids and food elimination can affect the biopsy findings. Tell me what you are taking or avoiding. Follow the instructions for your examination; do not stop prescribed treatment or change your diet on your own.





Is this the same as an immediate food allergy?

EoE often occurs alongside asthma, eczema or hay fever, but its food triggers are different from an immediate allergic reaction. Skin-prick or blood allergy tests do not reliably identify which foods drive EoE. Separate immediate allergy symptoms still need their own assessment.

What happens during gastroscopy

What happens to a biopsy

Does EoE predispose to cancer?

EoE is not considered a precancerous condition, and current evidence does not establish that EoE causes oesophageal cancer. It can cause difficulty swallowing or food sticking, symptoms that can also occur with other conditions, including cancer, so new, persistent or worsening symptoms still need appropriate assessment rather than being assumed to be EoE.

Treatment: drugs, diet and dilatation

Medicines and dietary therapy treat the inflammation. Dilatation stretches a scarred narrowing when needed. These treatments can be combined. I consider the biopsy findings, the degree of narrowing, previous treatment and what you can maintain in everyday life.

Medicines to treat inflammation

Omeprazole and other proton pump inhibitors

Treatment often starts with omeprazole, a common reflux medicine. It can also help EoE in people without reflux. A large review found that about 45% reached remission on biopsies with a proton pump inhibitor. This is a class estimate, not a result for omeprazole alone. Take the prescribed dose consistently; I review the response before changing treatment.

Swallowed steroids: fluticasone and Jorveza

These medicines act on the oesophageal lining. Fluticasone from a metered-dose inhaler, such as Flixotide, may be prescribed to swallow rather than breathe in. This is an off-label use and needs specific instructions. Jorveza contains budesonide in a tablet that dissolves in the mouth and is swallowed with saliva. Use the instructions for the particular preparation. Thrush in the mouth or oesophagus is a possible side effect; report a sore mouth, white patches or new pain when swallowing.

Targeted treatment: dupilumab

Dupilumab blocks specific inflammatory signals and is used overseas for some people with EoE. It is not currently available as a routine EoE treatment in New Zealand.

Dietary treatment without unnecessary restriction

The aim is to identify foods that trigger inflammation while keeping your diet nutritious and practical. Often we start with animal milk and dairy elimination rather than removing many food groups at once.





Starting with milk elimination

In one adult trial, 34% reached remission on biopsies after six weeks of milk elimination alone. This means avoiding milk protein, not just lactose. Lactose-free milk still contains milk protein. A dietitian can help with food labels, suitable replacements and calcium and protein intake.

When a broader diet is needed

A six-food elimination diet removes milk, wheat, egg, soy, nuts and seafood. It is more restrictive and is not always the first step. If inflammation persists, I discuss whether to broaden the diet or change medicine. Foods are reintroduced in a planned sequence, with biopsies used to assess the response rather than symptoms alone.

Extra help with eating

Dietitian assessment is particularly helpful if you are losing weight, avoiding several food groups or finding it hard to meet nutritional needs. Speech-language therapy may help when there is a separate difficulty starting a swallow, coughing with meals or a persistent swallowing habit that needs assessment.

The 45% PPI and 34% milk-elimination results come from different studies. They are not a direct comparison of which treatment is better.

When a narrowing needs stretching

If inflammation has caused scarring and a tight area, dilatation may be performed during endoscopy to improve swallowing. I usually use a balloon. A wire-guided Savary dilator may suit selected very tight or longer oesophageal narrowings.

Widening may need to be gradual, with more than one session. Medicines or dietary treatment remain important because dilatation does not treat the underlying inflammation. The potential benefits and risks are discussed before the procedure.

See balloon and Savary dilatation, benefits and risks

Checking healing and keeping it controlled

Follow-up looks at swallowing, the endoscopy appearance and biopsies. Symptoms can improve because you have changed how you eat, even when inflammation remains. A repeat gastroscopy with biopsies helps decide whether to continue, adjust or change treatment.

EoE commonly needs ongoing treatment. Once inflammation is controlled, we agree a maintenance approach and follow-up suited to your findings. The goals are comfortable swallowing, fewer episodes of food sticking, less further scarring and a normal quality of life.

Understanding biopsy results





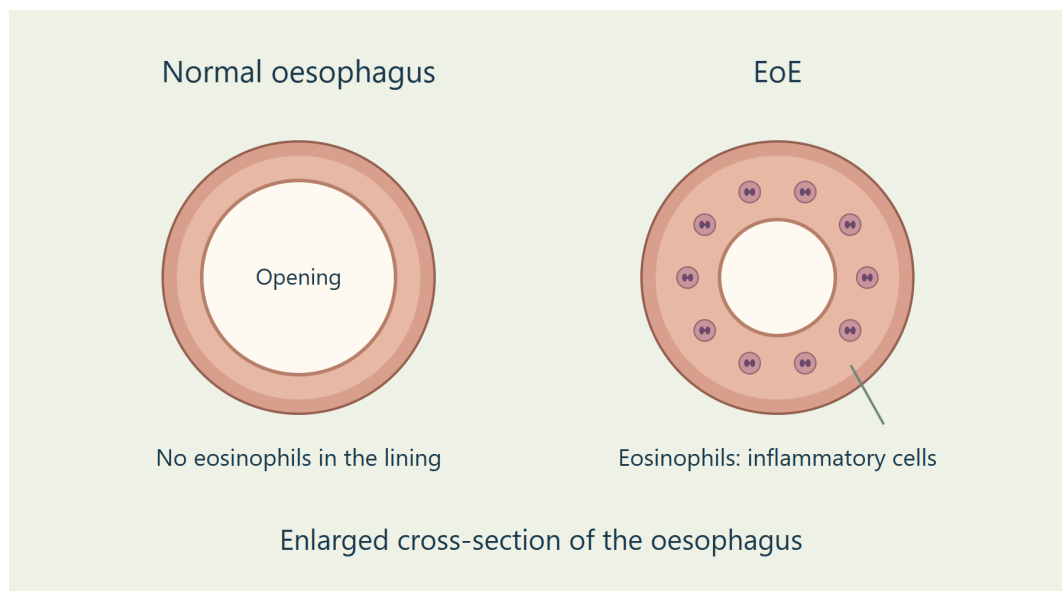
If food becomes stuck

If food remains stuck, seek urgent medical assessment. If you cannot swallow saliva, go to an emergency department promptly. Do not try to force it down with more food or drink.

Call 111 for severe breathing difficulty. After an episode has resolved, follow-up is still needed to assess the cause and treatment.

The treatment and follow-up recommended for you are recorded in your clinical letters and endoscopy or biopsy reports.

Normal lining and EoE



Eosinophils are inflammatory cells. Swelling can narrow the opening; longer-term scarring may also cause rings or a tight area.

Sources and further reading

Cancer evidence: Canadian Digestive Health Foundation

ACG 2025 EoE guidance

Milk elimination: adult randomised trial

Pharmac: Jorveza schedule search

Watch: understanding EoE · English narration and captions.

Watch: treating EoE

ASCIA: eosinophilic oesophagitis

PPI response: 2025 systematic review

Medsafe: Jorveza data sheet

To arrange a consultation: gastroconsult.co.nz/contact-4

Consultations: Medical Specialists Group 09 623 1170 | Greenlane Medical Specialists 09 930 6108

Endoscopy Auckland 09 623 2020 (gastroscopy and colonoscopy)

General information. Follow your own care instructions.

