Histological diagnosis of EoE confirmed by a gastroenterologist

- Growth history – consider how dietary exclusions could impact growth and aim to minimise exclusions
- Primary endoscopy (eosinophil counts); blood results; micronutrient deficiencies; coeliac screen
- Diet at diagnosis including current and previous food exclusions – are further exclusions realistic for patient to follow if already on restricted diet e.g. for multiple confirmed food allergies?
- Allergy focused history (IgE and non-IgE mediated food allergies) – diet treatment of EoE may vary if already excluding some of 6FED e.g. if milk already excluded for confirmed milk allergy then consider egg and wheat for 2FED
- Feeding behaviour and symptoms e.g. length of mealtime; difficulty swallowing; drinking with meals – consider support with food aversions / fussiness
- Medications, supplements and oral nutrition supplements (ONS) – consider appropriate additional calorie / micronutrient needs in an exclusion diet (see table below)

Full dietetic assessment (A, B, C, D, E) with key considerations:

- Growth history – consider how dietary exclusions could impact growth and aim to minimise exclusions
- Primary endoscopy (eosinophil counts); blood results; micronutrient deficiencies; coeliac screen
- Diet at diagnosis including current and previous food exclusions – are further exclusions realistic for patient to follow if already on restricted diet e.g. for multiple confirmed food allergies?
- Allergy focused history (IgE and non-IgE mediated food allergies) – diet treatment of EoE may vary if already excluding some of 6FED e.g. if milk already excluded for confirmed milk allergy then consider egg and wheat for 2FED
- Feeding behaviour and symptoms e.g. length of mealtime; difficulty swallowing; drinking with meals – consider support with food aversions / fussiness
- Medications, supplements and oral nutrition supplements (ONS) – consider appropriate additional calorie / micronutrient needs in an exclusion diet (see table below)

Algorithm for dietary management of eosinophilic oesophagitis (EoE) in paediatrics*

Lucy Jackman & Kerryn Moolenschot on behalf of the BSPGHAN EoE working group

2 food exclusion diet (2FED) for at least 8 - 12 weeks (milk, + / - wheat or egg) then repeat endoscopy

Histological remission then reintroduce one food at a time for at least 8-12 weeks then rescope after each reintroduction to establish trigger food(s)

If not in remission then proceed to 4 food exclusion (4FED) for at least 8 - 12 weeks (milk, egg, wheat, soya) then repeat endoscopy

Histological remission then reintroduce one food at a time for at least 8-12 weeks then rescope after each reintroduction to establish trigger food(s)

If not in remission then proceed to 6 food exclusion (6FED) for at least 8 - 12 weeks (milk, egg, wheat, soya, fish/shellfish and tree nuts / peanuts) then repeat endoscopy

Histological remission then reintroduce one food at a time for at least 8-12 weeks then rescope after each reintroduction to establish trigger food(s)

If not in remission then gastroenterologist to consider other treatment options e.g. topical steroids; PPIs or elemental diet for at least 8 – 12 weeks

*Guidance only; individualised approach recommended