



PUBLICACIONES DE INTERÉS SOBRE EL ABORDAJE NUTRICIONAL DE LA TERAPIA DIETÉTICA PARA EoE

Información destinada a profesionales

1.-Dietary Therapy for Eosinophilic Esophagitis: Elimination and Reintroduction.

Kliewer KL, Cassin AM, Venter C. Dietary Therapy for Eosinophilic Esophagitis: Elimination and Reintroduction. *Clin Rev Allergy Immunol*. 2018;55(1):70-87. doi:10.1007/s12016-017-8660-1.

Disponible en: <https://link.springer.com/article/10.1007%2Fs12016-017-8660-1>

Abstract

Eosinophilic esophagitis (EoE) is a food antigen-mediated disorder of the esophagus characterized by eosinophil predominant inflammation and symptoms of esophageal dysfunction. Dietary antigen elimination induces clinical and histological remission in patients with EoE. The most restrictive of elimination diets (the elemental diet) removes all possible food antigens while empiric elimination diets remove all (or a subset) of food antigens most commonly reported to cause esophageal eosinophilia and food allergies (milk, egg, wheat, soy, peanuts, tree nuts, fish, or legumes). Elimination diets are effective treatments for EoE but pose psychosocial and financial challenges to patients and consequently may impair quality of life. Foods that are commonly eliminated, especially milk, are also nutrient-dense and therefore their elimination may result in inadequate nutrient intake or deficiencies without careful diet planning to include nutritionally comparable and safe food substitutes. After remission is achieved with elimination diets, foods can be reintroduced sequentially to identify specific food triggers, but this reintroduction is not standardized. Food elimination and food reintroductions should consider the patient's lifestyle, nutrition needs, and skills and ideally be managed by a team with knowledge of eosinophilic gastrointestinal disorders and nutrition.

2.-Tutorial: Nutrition Therapy in Eosinophilic Esophagitis- Outcomes and Deficiencies

Bashaw H, Schwartz S, Kagalwalla AF, Wechsler JB. Tutorial: Nutrition Therapy in Eosinophilic Esophagitis-Outcomes and Deficiencies. JPEN J Parenter Enteral Nutr. 2020;44(4):600-609. doi:10.1002/jpen.1738. Disponible en: <https://aspensjournals.onlinelibrary.wiley.com/doi/10.1002/jpen.1738>

Abstract

Eosinophilic esophagitis (EoE) is a chronic, immune-mediated disease that presents with symptoms of esophageal dysfunction, which vary by age. Diagnosis is made by upper endoscopy with esophageal biopsies to identify dense eosinophilic inflammation with at least 15 eosinophils per high-power field. Untreated, EoE can progress from inflammatory to esophageal remodeling with fibrosis and stricture formation. Food antigens are the primary trigger of inflammation in EoE. The most common food antigen triggers are dairy, wheat, egg, and soy. EoE can be managed with steroids or dietary elimination of food triggers. Elimination diets differ by the number of foods removed with specific nutrition implications for each diet. In addition, patients receiving swallowed steroids may have feeding dysfunction and need support for growth and nutrition intake. A multidisciplinary approach to care, including a dietitian, is integral to EoE management.

3.-Feeding difficulties in children with non-IgE-mediated food allergic gastrointestinal disorders

Cehade M, Meyer R, Beauregard A. Feeding difficulties in children with non-IgE-mediated food allergic gastrointestinal disorders. *Ann Allergy Asthma Immunol.* 2019 Jun;122(6):603-609. doi: 10.1016/j.anai.2019.03.020. Epub 2019 Mar 26. PMID: 30922955.

Disponible en: [https://www.annallergy.org/article/S1081-1206\(19\)30199-1/fulltext](https://www.annallergy.org/article/S1081-1206(19)30199-1/fulltext)

Abstract

Objective: To review the signs and symptoms of feeding difficulties in children with non-IgE-mediated food allergic gastrointestinal disorders and provide practical advice, with the goal of guiding the practitioner to timely referral for further evaluation and therapy. Various management approaches are also discussed.

Data sources: Articles and chapters related to normal feeding patterns and the diagnosis and management of feeding difficulties in children were reviewed.

Study selections: Selections were based on relevance to the topic and inclusion of diagnostic and management recommendations.

Results: Because most non-IgE-mediated food allergic gastrointestinal disorders occur in early childhood, feeding skills can be disrupted. Feeding difficulties can result in nutritional deficiencies, faltering growth, and a significant impact on quality of life. Specific symptoms related to each non-IgE-mediated food allergic gastrointestinal disorder can lead to distinctive presentations, which should be differentiated from simple picky eating. Successful management of feeding difficulties requires that the health care team views the problem as a relational disorder between the child and the caregiver and views its association with the symptoms experienced as a result of the non-IgE-mediated food allergic gastrointestinal disorder. Addressing the child's concern with eating needs to be done in the context of the family unit, with coaching provided to the caregiver as necessary while ensuring nutritional adequacy. Treatment approaches, including division of responsibility, food chaining, and sequential oral sensory, are commonly described in the context of feeding difficulties.

Conclusion: A multidisciplinary approach to management of feeding difficulties in non-IgE-mediated food allergic gastrointestinal disorders is of paramount importance to ensure success.

4.-Impact of elimination diets on nutrition and growth in children with multiple food allergies.

Venter C, Mazzocchi A, Maslin K, Agostoni C. Impact of elimination diets on nutrition and growth in children with multiple food allergies. *Curr Opin Allergy Clin Immunol.* 2017 Jun;17(3):220-226. doi: 10.1097/ACI.0000000000000358. PMID: 28323676. Disponible en: https://journals.lww.com/co-allergy/Abstract/2017/06000/Impact_of_elimination_diets_on_nutrition_and.10.aspx

Abstract

Purpose of review: Growth and nutritional intake of children with cows' milk allergy and other food allergens has been thoroughly investigated in recent years across many different countries and age groups. An impaired growth in atopic children should not be attributed only to a high number of allergens and foods to be avoided, but to a general condition of 'sub-inflammation', which unfavorably affects the absorption and utilization of fuel and substrates. Atopic study participants may represent a good target for personalized nutrition and in this review we sought to outline many of the issues that should be taken into account when dietitians advise patients regarding food avoidance and expected effects on growth.

Recent findings: The dietary management of food allergy requires appropriate dietary choices to maintain adequate growth, starting with special formulas in infancy. An emerging area of research is the fussy eating related to the exclusion of cow's milk and other foods during infancy and the long-term effects on eating habits and food preferences.

Summary: Study participants with either mono or polyallergic diseases should ideally undergo the definition of their allergic and metabolic characteristics, to precisely adjust dietary interventions on an individual basis to support the genetic potential of growth and prevent unfavorable outcomes.

5.-Eosinophilic Gastrointestinal Disorders Committee of the American Academy of Allergy, Asthma and Immunology. Dietary Therapy and Nutrition Management of Eosinophilic Esophagitis: A Work Group Report of the American Academy of Allergy,

Groetch M, Venter C, Skypala I, Vlieg-Boerstra B, Grimshaw K, Durban R, Cassin A, Henry M, Kliewer K, Kabbash L, Atkins D, Nowak-Węgrzyn A, Holbreich M, Chehade M; Eosinophilic Gastrointestinal Disorders Committee of the American Academy of Allergy, Asthma and Immunology. Dietary Therapy and Nutrition Management of Eosinophilic Esophagitis: A Work Group Report of the American Academy of Allergy, Asthma, and Immunology. *J Allergy Clin Immunol Pract*. 2017 Mar-Apr;5(2):312-324.e29. doi: 10.1016/j.jaip.2016.12.026. PMID: 28283156. Disponible en: <https://www.sciencedirect.com/science/article/abs/pii/S221321981730003X?via%3Dihub>

Abstract

Eosinophilic esophagitis (EoE) is a chronic/immune-antigen-mediated disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation. Dietary elimination therapy has been shown to be an effective, drug-free prescription for the treatment of EoE. A range of different dietary elimination therapies have been used. Regardless of the elimination diet chosen, dietary therapy requires in-depth nutrition assessment and management. Elimination diets are not without risk and may impact nutritional status, eating pleasure, and overall quality of life. With adequate guidance, dietary therapy can be effective and nutritionally balanced, and the adverse impact on lifestyle can be minimized. This work group report addresses the potential challenges of implementing an elimination diet for the management of EoE and provides instructions and tools for physicians, dietitians, and other allied health professionals to help guide them in planning elimination diets for both children and adults.