

Gluten Free Vendor Fair

Sponsored by:

Celi-ACT Support Group of Knoxville and GI For Kids of East Tennessee Children's Hospital

Saturday, May 2nd, 11 am-2pm

Wallace Memorial Baptist Church Gymnasium

701 Merchant Drive off I-75

Participating Vendors:

Earth Fare	Kroger
Carrabas Italian Grill	Outback
Uno's Chicago Grill	Season's
Gluten Free Goodies	The Happy Badger
Shono's in City	Roman's Pizza
Smart Treat Bread & Snacks	Bell & Evans
Bob's Red Mill	Chebe Breads
Chrunchmaster Crackers	Ener-g Foods
Gluten Free Oats	Glutino
Kinnikinnick	Namaste
Pamela's	

..... and more!!

Children's Activities!

Gluten Free Food Tasting!

Gluten Free Product Samples to take home!

Door Prizes..... must be present to win!

Meet and greet with a Registered Dietitian to answer all your Celiac Disease questions!



GI for Kids, PLLC

Children's Hospital Medical Office Building
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Knoxville, TN 37916

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Greetings!

I would first like to share the news that "Children's Hospital Pediatric Gastroenterology, P.C." is now known as "GI for Kids". Please update your staff and patients in order to avoid any confusion.

As we enter spring and allergy symptoms become more prevalent, we decided to focus this issue on a disease thought to be highly related to allergies – Eosinophilic Esophagitis (EoE). This is a condition of the esophagus that is poorly understood in terms of pathogenesis. We see a higher number of children in our area with this condition than in other parts of the country, which could be due to environmental factors. The disease can be frustrating for families, as symptoms mimic those of GERD but do not respond well to proton pump inhibitors. Symptoms include: chest pain, dysphasia, vomiting, coughing, and esophageal reflux. Patients with any of these symptoms who have also been non-responsive to treatment should be referred to a pediatric gastroenterologist. Our practice works in conjunction with patients' pediatric allergists and other specialists in order to provide the most comprehensive care for each patient.

In addition, our practice is involved in a large research study with a nationally renowned scientist at Tulane University in order to learn more about how the esophageal epithelium changes and behaves in children diagnosed with Eosinophilic Esophagitis. Initial results of our study will be submitted for publication very soon.

Please enjoy this issue and contact us for further information or if you have any questions.

Sincerely,

Youhanna S. Al-Tawil, MD

Eosinophilic Esophagitis: This Decade's Evolving Disease

By Clarisa E. Cuevas, MD

Eosinophilic Esophagitis is a relatively new disease entity commonly confused with gastroesophageal disease. Because of different treatments, differentiation between the two is essential.

Multiple studies are under way to determine the causes of eosinophilic infiltration of the esophagus, normally devoid of these cells. Analysis of the biopsy specimens in both human and animal studies reveals a different class of eosinophils from those present in blood and gut. The biopsy specimens show an increase in antigen presenting cells as well as increased number of T-cell, mast cells, IL-5 and tumor necrotic factor. All these factors are compatible with an allergic etiology. How and why these sub-population of cells are activated and delivered selectively to the esophagus is yet to be determined.

The most common presentation is that of dysphagia and food impaction. The young patient can also present with feeding refusal. In children symptoms include nausea, heartburn or epigastric pain. Most studies show a high prevalence of allergy in family members and associated food allergies or environmental allergies in the pediatric patient. There is often a history of asthma, allergic rhinitis or eczema.

In adults, the first test for evaluation of dysphagia is a barium esophagram. The usual findings are those of rings and strictures of varying length and diameter. These are found throughout the esophagus. This study does not differentiate between acid reflux disease and eosinophilic esophagitis. It also does not show the most prevalent endoscopy findings: mucosal furrowing, white specks and easy tearing of the esophageal mucosa.

Because the natural history is unknown, the therapy advocated is that of repeated courses of inhaled steroids and food avoidance. In the adult patient there is often little improvement and commonly the disease progresses. In children the most common course of action is oral or inhaled steroids in conjunction with strict food avoidance. Often, an elemental diet is necessary in order to reduce the eosinophilia and symptoms. Although food elimination has been found to be most effective, it has poor patient acceptance since at present it is a lifetime therapeutic approach.

Multiple studies are under way which will pave the way to better understanding of the disease and the most effective therapy. Understanding the role of allergy and the role of associated acid reflux disease is essential. Rapid advances in treatment are sure to become available soon as our interest in this disease soars.

EE Research Study

The Esophageal Epithelial Cell in Eosinophilic Esophagitis: Morphological and Functional Alterations

By Molly Hansen, MPH

While the medical community continues to learn more about Eosinophilic Esophagitis (EoE), it is not clear what causes the condition. Recent experimental studies have established a link between allergens and EoE. However, the exact pathogenesis is unknown. We are currently involved in a study investigating the alterations that the esophageal epithelial cell undergoes in those with Eosinophilic Esophagitis. Patients are recruited from our site, and an additional esophageal biopsy is taken during the patient's upper endoscopy procedure. These research biopsies are sent to the Principle Investigator, Solange Abdunour-Nakhoul, Ph.D., at Tulane University in New Orleans for analysis. It is hoped that by including 90 children in the study who have EoE and 90 children who do not, that the cytotoxic effects of eosinophil infiltration on the esophageal tissue will be better understood. It is also hoped that a better understanding of this process will lead to improved therapies for children with EoE.

Study Details

Eligibility Criteria

Inclusion:

- Children ages 2-20 inclusive
- Patient requires a medically indicated upper endoscopy

Exclusion:

- Child has esophageal varices
- Child is in general poor health condition (has infectious disease(s))
- Child requires only a therapeutic endoscopy (dilatation or extraction of a foreign body)
- Child has taken NSAIDs within 3 days of procedure.
- Child has taken anti-coagulants within 2 weeks of procedure.

Study Activities

Participation requires a one time biopsy, completion of demographic form, & collection of data such as height, weight, medical history, allergy history, and current medications.

Cost

There are no extra costs for the extra biopsy required if participating in this research study. The participant will be charged the customary fees for the medically indicated procedure.

Contact Information

Please contact Molly Hansen at (865) 546-3998 for further information concerning the study.

Eosinophilic Esophagitis

By Sandy Altizer RD, LDN

Eosinophils are thought to migrate to the esophagus in response to foods that trigger an allergic response. Treatment of Eosinophilic Esophagitis (EE) may involve dietary changes. Allergy testing can also be carried out to help guide diet changes. If your doctor discovers that you are allergic to particular foods, he/she may have you completely avoid those foods. Sometimes no specific allergy is found and a dietitian is needed to help you with an "elimination diet" (for example, diets without wheat, soy, milk, peanuts and/or seafood). This type of diet will have you remove all sources of protein from your meals. Common foods associated with EE include egg, milk, soy, wheat and corn. Once you are symptom free, your dietitian will help you to slowly incorporate foods, one by one, back into your diet to see if you have any reactions. This way, you can determine which food(s) you are affected by. A diet symptom diary may help to identify problem foods and relate their elimination and re-introduction to various symptoms. Various simple diet diaries exist in print form and online formats that can be printed out to record foods eaten and symptoms associated with those particular foods.

Psychological Impact of Eosinophilic Esophagitis on Children and Families

By Regina M. Hummel, Ph.D.

Eosinophilic esophagitis (EoE) is a newly recognized disorder marked by symptoms of upper gastrointestinal distress and by increased eosinophils in the esophagus. For pediatric patients and their families, symptom experiences and recommended treatments related to the disease can have a tremendous impact on quality of life and on psychological and social adjustment. However, the manner in which parents and children respond to, and cope with, elements of the disease can significantly influence the impact of EoE on resulting quality of life.

In infants and young children, EoE most commonly presents as reflux or vomiting, early satiety, feeding aversion or intolerance, and failure to thrive. When infants spit up or vomit, or they are fussy and irritable, and their caregivers infer that they are experiencing discomfort or pain. These children

are significantly more likely than healthy children to develop feeding problems. Parental distress and anxiety can significantly impact the maintenance or loss of healthy eating habits. Helping a parent maintain normal parameters around food and eating prevents problems from developing. In this age group, establishing expectations and routines around food and eating behavior prevents the development of significant problems in the future.

In children who are school age and older, EoE symptom patterns are different than those of younger children. This may be due to older children's ability to report internal sensations more effectively. However, the disease may also manifest differently with increased age. Typical symptoms among older children and adolescents include heartburn, abdominal pain, early satiety, reflux and vomiting. In addition, older children experience dysphagia, choking or esophageal food impaction. Swallowing problems have been commonly reported among older children and adolescents who have EoE. The severity of swallowing problems varies a great deal, as does the children's related distress. Addressing this anxiety and fear about eating is essential to maintain normal eating habits. Children who develop this anxiety have quality of life scores, which are comparable to those of children and adolescents who have diagnoses of IBD and functional abdominal pain, and were lower than scores for a healthy control group.

Children and adolescents who have EoE are impacted not only by the disease symptoms, but also by the treatment of the disease. Recommended treatments of EoE usually include medication and dietary changes. Given the importance of food in children and families' lives, dietary restrictions can have a major impact. This adjustment process can cause disruptive behavior around mealtime, increased anxiety or depression. Seeking support and guidance in making these changes can help both children and families feel more at ease living with this illness. Please feel free to contact our office with any questions or concerns regarding adjustment issues related to Eosinophilic Esophagitis or other feeding related problems.