Previously considered a rare condition, there has been a dramatic increase in both pediatric and adult reports of eosinophilic esophagitis (EoE) from North and South America, Europe, Asia, Australia and the Middle East over the last decade. The cause for this rise is a combination of an increasing incidence of EoE and a growing awareness of the condition by pathologists, allergists, radiologists and gastroenterologists. The clinical presentation in adults is dominated by dysphagia and food impaction whereas children more commonly present with nausea, vomiting, abdominal pain and growth failure. Endoscopic features suggestive of EoE include the presence of esophageal mucosal rings, longitudinal furrows, exudates and strictures. The histopathology can be patchy such that multiple esophageal biopsies are recommended from both the proximal and distal esophagus. Complications of EoE include esophageal stricture formation, food impaction, esophageal perforation and malnutrition. An increasing number of therapies are available that include medical treatments such as systemic and topical corticosteroids, leukotriene-receptor antagonists and biologic agents. Furthermore, high response rates to elimination of dietary allergens suggest that foods may serve as environmental triggers for the eosinophilic infiltration. Since many adults present with strictures, endoscopic esophageal dilation is another management modality.