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Eosinophilic Gastritis

A Practical Guide For Patients

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Introduction: Eosinophilic Gastritis

Eosinophilic gastritis (EG) is a rare, chronic inflammatory disorder characterized by the abnormal accumulation of eosinophils in the stomach lining. It belongs to the spectrum of eosinophilic gastrointestinal disorders (EGIDs) and may occur alone or with eosinophilic involvement of other parts of the gastrointestinal tract. The condition can affect both children and adults, with symptoms varying depending on the extent and severity of inflammation. Common presentations include abdominal pain, nausea, vomiting, diarrhea, early satiety, bloating, and weight loss. In severe cases, gastrointestinal bleeding, protein-losing enteropathy, or malnutrition may occur. The exact cause is not fully understood, but food allergies, immune dysregulation, and genetic predisposition are considered major contributors. Diagnosis typically requires endoscopy with gastric biopsy to confirm eosinophilic infiltration after ruling out infections, parasites, or malignancies. Treatment options include dietary modification, corticosteroids, and in refractory cases, immunomodulatory or biologic therapies to control inflammation and symptoms.

Key Takeaways

- EG is a rare type of eosinophilic gastrointestinal disorder affecting the stomach.
- It is defined by abnormal eosinophil infiltration in the gastric lining.
- Symptoms include abdominal pain, nausea, vomiting, diarrhea, bloating, early satiety, and weight loss.
- Severe cases may cause gastrointestinal bleeding, protein-losing enteropathy, or malnutrition.
- Food allergies, immune dysfunction, and genetic predisposition are major contributors.



What Causes Eosinophilic Gastritis?

Known Causes

The exact cause of eosinophilic gastritis (EG) is not fully understood, but it is believed to result from a combination of immune, allergic, genetic, and environmental factors. Food allergies are strongly implicated, with dietary antigens triggering an exaggerated immune response that leads to eosinophil recruitment in the stomach lining. Many patients have a history of atopic disorders such as asthma, eczema, or



allergic rhinitis, supporting the role of allergy and immune dysregulation in EG. Elevated serum IgE levels are also commonly observed. Genetic predisposition may make certain individuals more susceptible, while environmental exposures and infections can act as additional triggers. Unlike secondary eosinophilia caused by parasites, autoimmune diseases, or malignancies, primary EG is characterized by persistent eosinophilic infiltration of the stomach, resulting in chronic inflammation, tissue damage, and a wide range of gastrointestinal symptoms that can impact nutrition and quality of life.



Common Signs & Symptoms

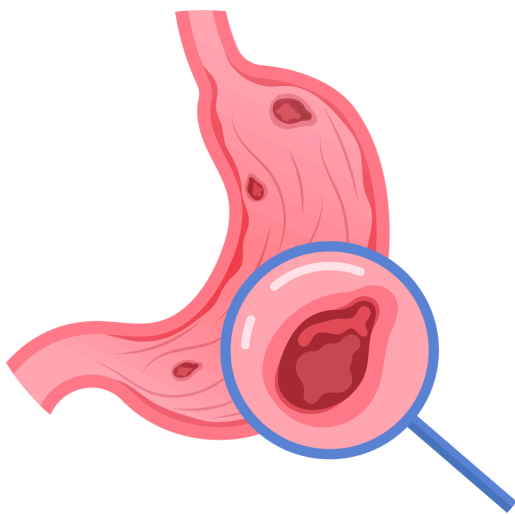
Common signs and symptoms of eosinophilic gastritis include abdominal pain, nausea, vomiting, bloating, early satiety, and diarrhea. Patients may also experience weight loss, poor appetite, and fatigue, while severe cases can present with gastrointestinal bleeding or protein-losing enteropathy.

Core Symptoms Include:

- Abdominal pain or cramping
- Nausea and vomiting
- Bloating and early satiety
- Chronic or recurrent diarrhea
- Loss of appetite
- Unexplained weight loss
- Fatigue or weakness from poor nutrition



Severe cases can also cause:



- Gastrointestinal bleeding (hematemesis or melena)
- Protein-losing enteropathy leading to swelling or edema
- Severe malnutrition and unintended weight loss
- Anemia due to chronic blood loss
- Gastric outlet obstruction (rare)
- Significant decline in overall quality of life



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Diagnosis & Medical Testing

Diagnosis of eosinophilic gastritis involves clinical evaluation, blood tests for eosinophilia or elevated IgE, and stool studies to exclude infections. Endoscopy with gastric biopsy is essential, confirming eosinophilic infiltration in the stomach after ruling out parasites, autoimmune disease, or malignancy.

Diagnostic Tools

- Detailed medical history and symptom assessment
- Physical examination for abdominal tenderness or nutritional issues
- Complete blood count (CBC) to detect eosinophilia or anemia
- Serum IgE testing to evaluate allergic involvement
- Stool analysis to exclude infections or parasites
- Fecal calprotectin to assess gastrointestinal inflammation
- Endoscopy to visualize gastric mucosal changes
- Gastric biopsy (gold standard) for histological confirmation
- Histopathology showing dense eosinophilic infiltration
- Allergy testing (skin-prick or patch tests)
for food triggers
- Elimination diet trials with symptom monitoring
- Abdominal ultrasound for structural abnormalities
- CT or MRI imaging in complicated cases
- Genetic or immunologic testing in atypical or refractory presentations



Diet

Dietary management is a cornerstone of treating eosinophilic gastritis. Elimination diets removing common allergens such as milk, wheat, soy, eggs, nuts, and seafood often reduce symptoms. In severe cases, elemental or amino acid–based formulas provide effective symptom control and nutrition.

Key Insights

- Diet is a first-line therapy for symptom management and inflammation control.
- Elimination diets often target common allergens like milk, soy, wheat, eggs, nuts, and seafood.
- Elemental diets with amino acid–based formulas are effective in severe or refractory cases.
- Food allergy testing may guide dietary changes but is not always reliable.
- Careful reintroduction of foods helps identify specific triggers.
- Diet therapy can reduce or delay the need for corticosteroids.
- Children with EG may need tailored diets to support growth and development.
- Nutritional monitoring is essential to prevent deficiencies and malnutrition.
- Individualized diets are more effective than broad restrictions.
- A dietitian's support improves adherence and safety.
- Symptom diaries help track responses to dietary adjustments.
- Combining diet with medications often provides the best outcomes.



Medications & Treatment Options

Medications and treatment options for eosinophilic gastritis aim to reduce inflammation and control symptoms. Common therapies include corticosteroids, proton pump inhibitors, and antihistamines. In more severe or refractory cases, immunomodulators or biologic agents targeting eosinophilic pathways may be required alongside dietary management.

Treatment Options

- **Elimination diets:** removing common food allergens
- **Elemental diets:** amino acid-based formulas for severe cases
- **Corticosteroids:** oral or topical to reduce inflammation
- **Proton pump inhibitors (PPIs):** for acid suppression and symptom relief
- **Antihistamines:** to control allergy-related symptoms
- **Leukotriene inhibitors:** block eosinophil-driven inflammation
- **Immunomodulators:** for persistent or refractory disease
- **Biologic therapies:** monoclonal antibodies targeting IL-4, IL-5, or IL-13
- **Nutritional supplementation:** to prevent deficiencies and support growth in children
- **Supportive care:** for anemia, protein loss, or dehydration
- **Regular monitoring:** via endoscopy and biopsy to track disease activity
- **Multidisciplinary care:** involving gastroenterologists, allergists, and dietitians for comprehensive management



Superfood



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Advanced Therapies & Procedures

Advanced therapies for eosinophilic gastritis include biologic agents such as anti-IL-5, anti-IL-4, and anti-IL-13 monoclonal antibodies targeting eosinophilic inflammation. In severe or refractory cases, immunosuppressants, nutritional interventions, or endoscopic and surgical procedures may be required to manage complications effectively.

Therapy Options

- **Elimination diets:** removing common allergenic foods
- **Elemental diets:** amino acid-based formulas for severe cases
- **Proton pump inhibitors (PPIs):** acid suppression and symptom relief
- **Corticosteroids:** systemic or topical to reduce inflammation
- **Antihistamines:** to manage allergy-related symptoms
- **Leukotriene inhibitors:** targeting eosinophil-driven inflammation
- **Immunomodulators:** for chronic or refractory disease
- **Biologic therapies:** monoclonal antibodies against IL-4, IL-5, or IL-13
- **Nutritional supplementation:** to prevent malnutrition or deficiencies
- **Supportive care:** for anemia, protein loss, or dehydration
- **Endoscopic monitoring:** to assess inflammation and progression
- **Surgical intervention:** in rare cases with obstruction or severe complications
- **Symptom tracking:** using food and symptom diaries
- **Multidisciplinary care:** involving gastroenterologists, allergists, and dietitians
- **Patient education:** for long-term adherence and self-management



Coping With Eosinophilic Gastritis

Coping with eosinophilic gastritis requires a balance of medical treatment, dietary management, and lifestyle adjustments. Working closely with healthcare providers, maintaining nutritional support, tracking symptoms, and seeking emotional or community support can significantly improve quality of life and long-term outcomes.

Practical Strategies

- Follow a personalized elimination or elemental diet.
- Keep a detailed food and symptom diary.
- Take prescribed medications regularly.
- Work closely with a gastroenterologist and dietitian.
- Ensure adequate nutritional intake with supplements if needed.
- Eat smaller, more frequent meals to ease digestion.
- Stay hydrated to support gastric health.
- Avoid known food allergens and cross-contamination.
- Schedule regular follow-ups and endoscopic monitoring.
- Manage stress through mindfulness or relaxation techniques.
- Educate family and caregivers about the condition.
- Connect with patient support groups for guidance and encouragement.



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FAQS About Eosinophilic Gastritis



Q1: What is eosinophilic gastritis?

A: Eosinophilic gastritis is a rare inflammatory condition where eosinophils build up in the stomach lining, causing digestive symptoms and potential nutritional complications.

Q2: What causes eosinophilic gastritis?

A: It is mainly linked to food allergies, immune dysregulation, and genetic predisposition. Unlike secondary eosinophilia, it is not caused by infections or parasites.

Q3: What are the common symptoms?

A: Typical symptoms include abdominal pain, nausea, vomiting, diarrhea, bloating, early satiety, and weight loss. Severe cases may involve bleeding, protein loss, or malnutrition.

Q4: How is eosinophilic gastritis diagnosed?

A: Diagnosis is confirmed by endoscopy with gastric biopsy, supported by blood tests, allergy evaluation, and ruling out infections or malignancies.



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Take **Action**

If you experience **Eosinophilic Gastritis**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.

**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT

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