

Eosinophilic Jejunitis

A Practical Guide For Patients



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Introduction: Eosinophilic Jejunitis

Eosinophilic jejunitis is a rare inflammatory condition affecting the jejunum, the middle section of the small intestine. It occurs when unusually high numbers of eosinophils—white blood cells involved in allergic and immune responses—accumulate in jejunal tissue and cause inflammation or tissue injury. It is considered a location-specific form of eosinophilic enteritis and may be abbreviated as EoJ.

Symptoms may include abdominal pain, nausea, vomiting, diarrhea, bloating, poor appetite, and unintended weight loss. Deeper inflammation can thicken the intestinal wall and lead to narrowing or obstruction.

Key Takeaways

- Eosinophilic jejunitis affects the jejunum, the middle part of the small intestine.
- It is a location-specific form of eosinophilic enteritis.
- The abbreviation EoJ may be used.
- Eosinophils are immune cells that normally occur in the digestive tract.
- The condition is diagnosed when increased eosinophils are associated with symptoms and tissue inflammation.
- Abdominal pain, nausea, vomiting, and diarrhea may occur.
- Some patients develop poor nutrient absorption or protein loss.
- Inflammation may affect the mucosal, muscular, or outer serosal layer.
- Muscular inflammation can cause bowel-wall thickening and obstruction.
- Serosal inflammation may cause fluid accumulation in the abdomen.
- Other causes of intestinal eosinophilia must be excluded.



What Causes Eosinophilic Jejunitis?

Known Causes:

The exact cause of primary eosinophilic jejunitis is not fully understood. It is believed to involve abnormal immune signaling that attracts and activates eosinophils within the small intestine. Food antigens, allergic tendencies, genetic susceptibility, and changes in the intestinal barrier may contribute. Before confirming primary EoJ, healthcare providers must rule out other disorders that can cause eosinophilic inflammation.

- **Abnormal immune response:** Immune signaling may cause excessive eosinophil recruitment and activation.
- **Food-related immune triggers:** Certain foods may contribute to inflammation in some patients.
- **Atopic conditions:** Asthma, eczema, allergic rhinitis, and food allergies may occur alongside eosinophilic gastrointestinal disease.
- **Genetic susceptibility:** Inherited immune or intestinal-barrier differences may increase vulnerability.
- **Medication reactions:** Some medicines may cause secondary gastrointestinal eosinophilia.
- **Parasitic infections:** Intestinal parasites must be considered and excluded when appropriate.
- **Inflammatory bowel disease:** Crohn's disease may affect the jejunum and produce increased eosinophils.
- **Celiac disease:** Gluten-related immune inflammation may involve the small intestine.

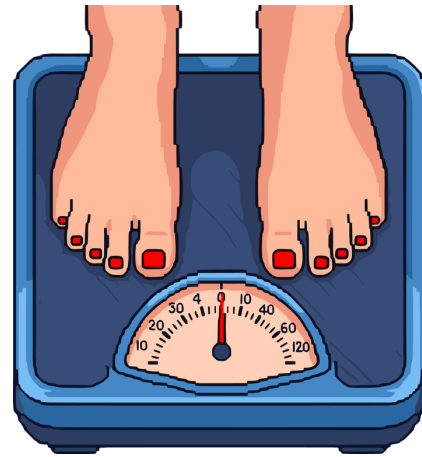


Common Signs & Symptoms

Symptoms depend on how much of the jejunum is affected and which layers of the intestinal wall are involved. Mucosal disease may cause diarrhea, malabsorption, anemia, or protein loss. Muscular disease may cause bowel-wall thickening and obstruction. Serosal involvement may lead to eosinophil-rich fluid accumulating within the abdomen.

Core Symptoms Include:

- Central or upper abdominal pain
- Abdominal cramping
- Diarrhea or loose stools
- Reduced appetite
- Feeling full after eating
- Fatigue or reduced energy
- Unintended weight loss



Severe cases can also cause:



- Persistent vomiting and dehydration
- Significant weight loss or malnutrition
- Poor absorption of vitamins and nutrients
- Protein-losing enteropathy
- Swelling caused by low blood protein
- Thickening or narrowing of the jejunum
- Partial or complete small-bowel obstruction
- Gastrointestinal bleeding



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Diagnosis & Medical Testing

Diagnosing eosinophilic jejunitis can be difficult because the jejunum is beyond the reach of routine upper endoscopy and colonoscopy. Eosinophils also normally occur in the small intestine, so diagnosis cannot be based on an elevated eosinophil count alone. Doctors consider symptoms, imaging, tissue findings, the intestinal layer involved, and whether another condition could explain the inflammation.

Disease may be patchy or limited to deeper layers of the intestinal wall. Standard surface biopsies can therefore appear normal in some patients.

Diagnostic Tools:

- **Medical history evaluation:** Reviews pain, diarrhea, vomiting, weight loss, food reactions, travel, and symptom duration.
- **Allergy history:** Identifies asthma, eczema, allergic rhinitis, and diagnosed food allergies.
- **Medication review:** Looks for medicines that may cause intestinal inflammation or eosinophilia.
- **Physical examination:** Checks abdominal tenderness, distension, hydration, swelling, and nutritional status.
- **Complete blood count with differential:** Measures blood eosinophils and checks for anemia.
- **Iron studies:** Evaluate iron deficiency related to poor absorption or gastrointestinal blood loss.
- **Albumin and total protein:** Identify intestinal protein loss or malnutrition.
- **Metabolic panel:** Assesses electrolytes, kidney function, liver function, and dehydration.



There is no single diet proven to treat every case of eosinophilic jejunitis. Some patients may benefit from a supervised elimination diet or, in selected severe cases, an amino-acid-based elemental diet. Dietary therapy should be planned with a gastroenterologist and registered dietitian because extensive food restriction can cause weight loss, protein deficiency, and vitamin or mineral deficiencies.

Key Insights:

- Do not remove major food groups without professional guidance.
- Work with a registered dietitian when dietary therapy is recommended.
- Keep a food and symptom diary to identify possible patterns.
- Maintain adequate calories and protein.
- Replace electrolytes when recommended by the healthcare team.
- Follow a structured elimination diet only when medically advised.
- Reintroduce foods according to a supervised plan.
- Use nutritional supplements when regular food intake is inadequate.
- Monitor iron, vitamin B12, folate, vitamin D, calcium, and other nutrients.
- Consider elemental formula only under specialist supervision.
- Avoid unnecessary long-term dietary restrictions.



Medications & Treatment Options

Treatment aims to control intestinal inflammation, relieve symptoms, restore nutrition, and prevent complications. Because eosinophilic jejunitis is uncommon, treatment is individualized according to disease severity, affected intestinal layers, nutritional status, and response to previous therapy.

Treatment Options

- **Observation and monitoring:** May be considered for mild disease with limited symptoms.
- **Systemic corticosteroids:** Prednisone or a similar medicine may control moderate or severe inflammation.
- **Budesonide therapy:** A locally active corticosteroid may be used in selected small-intestinal disease.
- **Steroid tapering:** The dose is gradually reduced according to clinical response and medical guidance.
- **Food-elimination therapy:** Removes selected potential triggers under professional supervision.
- **Elemental nutrition:** Uses an amino-acid-based formula in carefully selected cases.
- **Iron supplementation:** Treats iron deficiency or anemia.
- **Vitamin and mineral replacement:** Corrects deficiencies caused by poor intake or malabsorption.
- **Protein and nutritional support:** Helps patients with low albumin, weight loss, or inadequate intake.
- **Intravenous fluids:** Treat dehydration caused by persistent vomiting or diarrhea.



Advanced Therapies & Procedures

Advanced care may be needed when symptoms persist, deeper intestinal layers are involved, nutrition declines, or standard treatment does not control the disease. Coordinated care may involve gastroenterology, allergy and immunology, pathology, nutrition, radiology, hematology, and surgery.

Therapy Options:

- **Repeat small-bowel imaging:** Monitors jejunal inflammation, thickening, and narrowing.
- **Capsule endoscopy:** Reassesses mucosal disease when capsule retention is not a concern.
- **Balloon-assisted enteroscopy:** Provides direct examination and biopsy of the jejunum.
- **Mapping biopsies:** Samples several digestive regions to define the extent of disease.
- **Targeted budesonide therapy:** Delivers locally active corticosteroid treatment within the small intestine.
- **Systemic corticosteroid induction:** Controls severe or extensive inflammation.
- **Steroid-sparing medication:** May be considered for recurrent or steroid-dependent disease.
- **Biologic therapy:** May be considered by an experienced specialist or through a clinical trial.
- **Clinical-trial participation:** May provide access to emerging therapies.



Coping With Eosinophilic Jejunitis

Living with eosinophilic jejunitis may involve recurring digestive symptoms, dietary restrictions, medication effects, and repeated testing. A coordinated care plan can help control inflammation while protecting nutrition and quality of life. Symptoms may not always closely match the amount of tissue inflammation, making regular medical follow-up important.

Practical Strategies

- Take prescribed medicines exactly as directed.
- Do not stop corticosteroids suddenly unless instructed.
- Attend gastroenterology and allergy appointments.
- Work with a registered dietitian before restricting foods.
- Keep a record of meals, symptoms, and bowel movements.
- Monitor appetite and body weight.
- Eat smaller meals when fullness or nausea occurs.
- Maintain adequate fluid intake.
- Complete recommended blood and stool tests.
- Ask whether follow-up imaging or enteroscopy is needed.
- Monitor for increasing abdominal swelling or vomiting.
- Report persistent diarrhea or worsening pain.
- Ask about vitamin, mineral, iron, and protein testing.



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**Q1: What is eosinophilic jejunitis?**

A: Eosinophilic jejunitis is a rare inflammatory condition in which increased eosinophils are associated with symptoms and tissue injury in the jejunum, the middle section of the small intestine. It is a location-specific form of eosinophilic enteritis.

Q2: What causes eosinophilic jejunitis?

A: The exact cause is not fully understood. An abnormal immune response involving food antigens, allergic tendencies, genetic susceptibility, and intestinal-barrier changes may contribute. Doctors must also exclude parasites, medication reactions, inflammatory bowel disease, celiac disease, autoimmune disorders, and systemic eosinophilic conditions.

Q3: How is eosinophilic jejunitis diagnosed?

A: Diagnosis may involve blood and stool testing, CT or MR enterography, capsule endoscopy, balloon-assisted enteroscopy, and tissue biopsy. In selected cases, a laparoscopic or surgical biopsy may be needed because inflammation can be patchy or located within deeper bowel-wall layers.

Q4: How is eosinophilic jejunitis treated?

A: Treatment may include systemic corticosteroids, selected budesonide formulations, supervised dietary therapy, nutritional replacement, and treatment of any secondary cause. Steroid-sparing or biologic therapy may be considered for difficult cases, while surgery is generally reserved for obstruction, perforation, or severely damaged bowel.



Take Action

If you experience persistent abdominal pain, diarrhea, vomiting, unexplained weight loss, poor appetite, anemia, or recurring nutritional deficiencies, do not ignore the symptoms. Eosinophilic jejunitis can resemble several other small-intestinal disorders, making appropriate imaging and tissue evaluation important.

Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

For additional resources, visit GastroDoxs.com.

**Your health starts with knowledge.
Take the first step today!**

SCHEDULE AN APPOINTMENT



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