

Eosinophilic Ileitis

A Practical Guide For Patients



GastroDoxs

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Introduction: Eosinophilic Ileitis

Eosinophilic ileitis is a rare inflammatory condition affecting the ileum, the final section of the small intestine. It occurs when an unusually high number of eosinophils—white blood cells involved in allergic and immune responses—collect within ileal tissue and contribute to inflammation or tissue injury. Eosinophilic ileitis is considered a location-specific form of eosinophilic enteritis and a non-esophageal eosinophilic gastrointestinal disease. Symptoms may include abdominal pain, diarrhea, nausea, bloating, reduced appetite, or weight loss. Deeper inflammation may cause bowel-wall thickening, obstruction, or fluid accumulation in the abdomen.

Key Takeaways

- Eosinophilic ileitis affects the ileum, the last part of the small intestine.
- It is a location-specific form of eosinophilic enteritis.
- The abbreviation EoI may be used for eosinophilic ileitis.
- Eosinophils are immune cells that normally exist in the intestine.
- Diagnosis requires more than simply finding eosinophils in a biopsy.
- Symptoms and evidence of tissue inflammation must be considered together.
- Other causes of intestinal eosinophilia must be excluded.
- Symptoms may include abdominal pain, diarrhea, nausea, and weight loss.
- Inflammation may involve the mucosal, muscular, or outer serosal layer.
- Deeper disease can cause narrowing, obstruction, or ascites.



What Causes Eosinophilic Ileitis?

Known Causes:

The exact cause of primary eosinophilic ileitis is not fully understood. It appears to involve an abnormal immune response that attracts eosinophils to the intestinal tissue. Food antigens, allergic tendencies, genetic susceptibility, and changes in the intestinal barrier may contribute. Before diagnosing primary eosinophilic ileitis, healthcare providers must rule out conditions that can cause secondary eosinophil accumulation in the ileum.

- **Immune system dysregulation:** Abnormal immune signaling may attract and activate eosinophils in the ileum.
- **Food-related immune triggers:** Certain foods may contribute to intestinal inflammation in some patients.
- **Atopic conditions:** Asthma, eczema, allergic rhinitis, and food allergies may occur alongside eosinophilic gastrointestinal disease.
- **Genetic susceptibility:** Inherited differences affecting immune responses or the intestinal barrier may increase risk.
- **Medication reactions:** Some medicines may cause secondary intestinal eosinophilia.
- **Parasitic infections:** Certain intestinal parasites can produce eosinophilic inflammation.
- **Inflammatory bowel disease:** Crohn's disease can affect the ileum and may include increased tissue eosinophils.



Common Signs & Symptoms

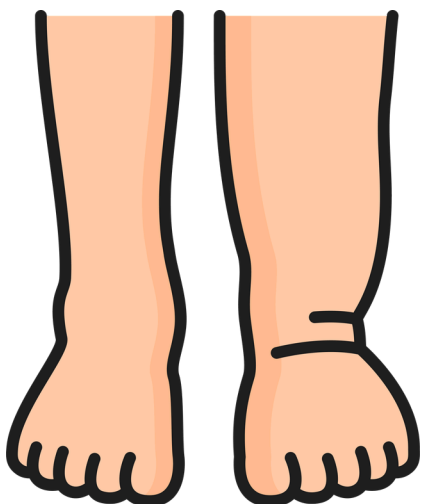
Symptoms depend on the location, extent, and depth of inflammation. Mucosal disease commonly causes pain, diarrhea, poor absorption, or protein loss. Muscular-layer involvement may thicken the intestinal wall and cause narrowing or obstruction. Serosal disease may produce fluid accumulation within the abdomen.

Core Symptoms Include:

- Lower or central abdominal pain
- Abdominal cramping
- Diarrhea or loose stools
- Bloating and abdominal fullness
- Nausea with or without vomiting
- Reduced appetite
- Feeling full after eating



Severe cases can also cause:



- Narrowing of the ileum
- Partial or complete intestinal obstruction
- Gastrointestinal bleeding
- Fluid accumulation in the abdomen
- Severe abdominal tenderness
- Intestinal perforation in rare cases
- Symptoms requiring hospitalization
- Swelling of the legs or other tissues



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Diagnosis & Medical Testing

Diagnosing eosinophilic ileitis can be challenging because eosinophils normally occur in the ileum and there is no universally accepted diagnostic eosinophil threshold for every clinical setting. Proposed tissue cutoffs vary, and the pathologist must interpret the eosinophil count together with symptoms, tissue injury, biopsy location, and possible secondary causes. Colonoscopy with examination and biopsy of the terminal ileum is commonly used when mucosal disease is suspected. However, routine biopsies may miss inflammation that is patchy or limited to deeper intestinal layers.

Diagnostic Tools:

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



There is no single diet proven to treat every case of eosinophilic ileitis. Some patients may benefit from a professionally supervised food-elimination diet or, in selected severe cases, an amino-acid-based elemental diet. Dietary treatment should be managed with a gastroenterologist and registered dietitian because unnecessary food restriction can cause weight loss and nutritional deficiencies.

Key Insights:

- Avoid eliminating major food groups without medical guidance.
- Work with a registered dietitian when dietary therapy is recommended.
- Keep a food and symptom diary to identify possible patterns.
- Maintain adequate calories, protein, vitamins, and minerals.
- Eat smaller meals when nausea, pain, or fullness is present.
- Choose soft, easily tolerated foods during symptom flare-ups.
- Maintain hydration during diarrhea or vomiting.
- Replace electrolytes when medically recommended.
- Follow a structured elimination diet only when advised.
- Reintroduce eliminated foods according to a supervised plan.
- Consider nutritional supplements when food intake is inadequate.



Medications & Treatment Options

Treatment aims to reduce intestinal inflammation, relieve symptoms, correct nutritional problems, and prevent complications. Because eosinophilic ileitis is rare, treatment is individualized and evidence is more limited than it is for eosinophilic esophagitis.

Treatment Options

- **Systemic corticosteroids:** Prednisone or a similar medicine may be used to control moderate or severe inflammation.
- **Budesonide therapy:** Enteric-release budesonide may target the distal small intestine while reducing systemic steroid exposure.
- **Steroid tapering:** The dose is gradually reduced according to symptoms, treatment response, and medical guidance.
- **Food-elimination therapy:** Removes selected foods under gastroenterology and dietitian supervision.
- **Elemental nutrition:** Uses an amino-acid-based formula in carefully selected patients.
- **Iron supplementation:** Treats iron deficiency or anemia.
- **Vitamin replacement:** Corrects deficiencies caused by malabsorption or reduced intake.
- **Intravenous fluids:** Treat dehydration caused by persistent vomiting or diarrhea.
- **Nutritional support:** Helps patients with weight loss, poor intake, or protein deficiency.
- **Treatment of parasitic infection:** Uses appropriate antiparasitic medication when testing confirms infection.



Advanced Therapies & Procedures

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

Therapy Options:

- **Repeat ileocolonoscopy:** Reassesses the terminal ileum and obtains follow-up biopsies.
- **Mapping biopsies:** Samples several gastrointestinal areas to determine the full extent of disease.
- **CT or MR enterography:** Monitors bowel-wall inflammation, narrowing, or obstruction.
- **Capsule endoscopy:** Evaluates the small intestine when it is safe and no narrowing is suspected.
- **Balloon-assisted enteroscopy:** Allows direct examination and biopsy of deeper small-intestinal segments.
- **Targeted budesonide therapy:** Delivers a locally active corticosteroid to the distal 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.



Coping With Eosinophilic Ileitis

Living with eosinophilic ileitis may involve recurring digestive symptoms, dietary restrictions, medication side effects, and repeated testing. A coordinated treatment plan can help control inflammation while protecting nutrition and quality of life.

Symptoms do not always correspond closely with tissue inflammation. Regular follow-up is therefore important even when the patient begins to feel better.

Practical Strategies

- Take prescribed medication 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 body weight and appetite.
- Stay adequately hydrated.
- Complete recommended blood and stool tests.
- Ask whether follow-up colonoscopy or imaging is needed.
- Monitor for increasing abdominal swelling or vomiting.
- Report persistent diarrhea or worsening pain.



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**Q1: What is eosinophilic ileitis?**

A: Eosinophilic ileitis is a rare inflammatory disorder in which increased eosinophils are associated with symptoms and tissue injury in the ileum, the final part of the small intestine. It is a location-specific form of eosinophilic enteritis.

Q2: What causes eosinophilic ileitis?

A: Primary eosinophilic ileitis may result from an abnormal immune response involving food antigens, allergic tendencies, genetic susceptibility, and intestinal barrier dysfunction. Doctors must also exclude parasites, medication reactions, Crohn's disease, celiac disease, systemic immune disorders, and other secondary causes.

Q3: How is eosinophilic ileitis diagnosed?

A: Diagnosis may involve medical history, blood and stool testing, colonoscopy with terminal ileum biopsies, pathology review, and CT or MR enterography. The diagnosis requires compatible symptoms and evidence of eosinophilic inflammation after other causes have been excluded.



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 ileitis can resemble several other intestinal conditions, so proper examination, imaging, and tissue evaluation may be needed.

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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