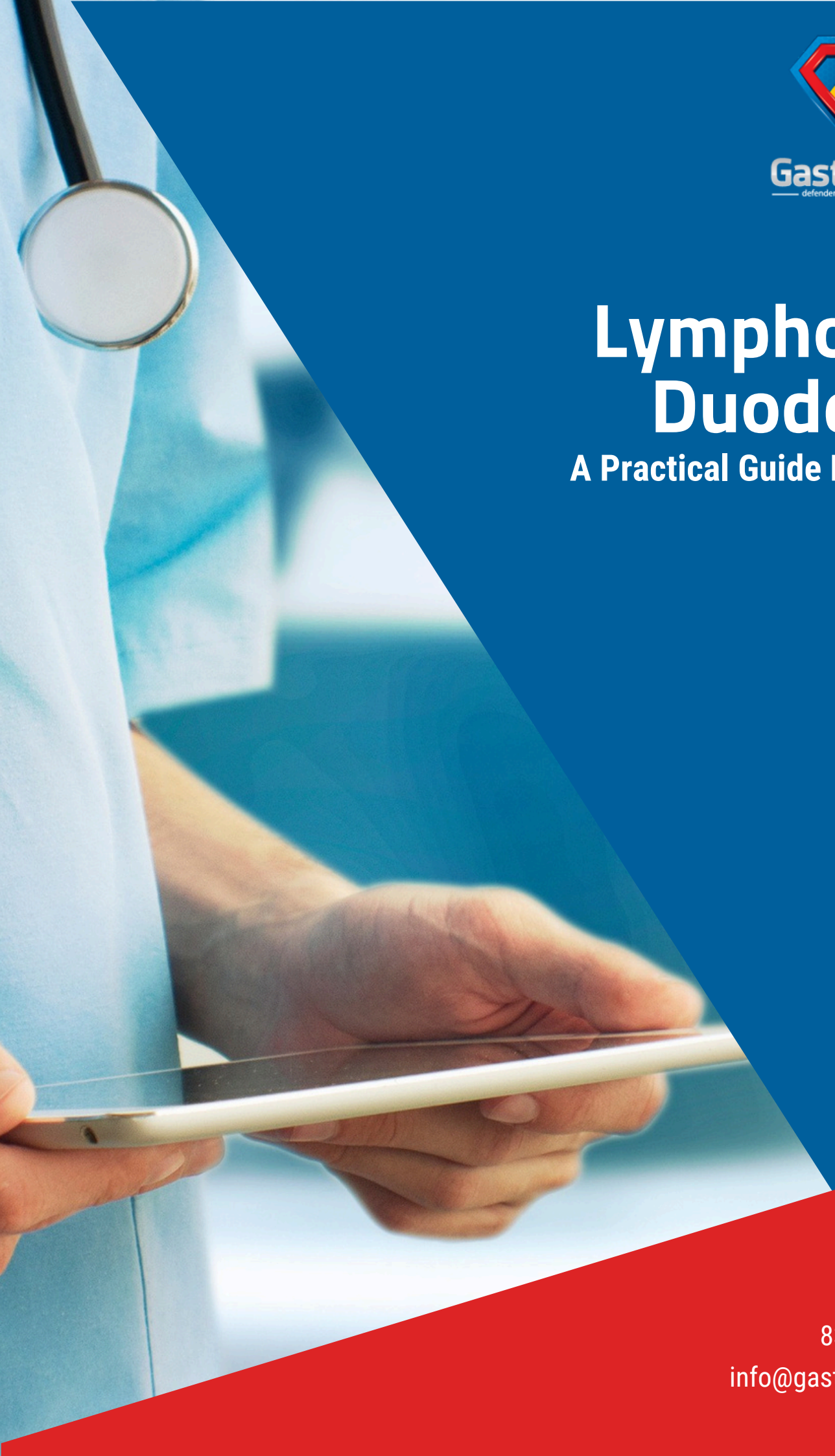


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defenders of the digestive system

Lymphocytic Duodenitis

A Practical Guide For Patients

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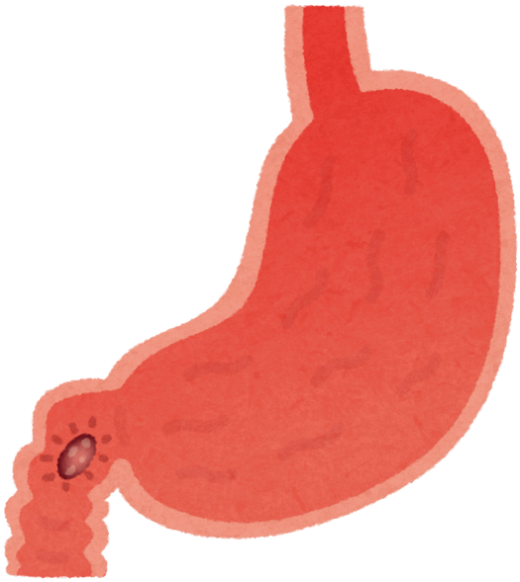
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Introduction: Lymphocytic Duodenitis

Lymphocytic duodenitis is a condition in which increased numbers of lymphocytes—immune-system cells—are found within the lining of the duodenum, the first part of the small intestine. The intestinal villi may remain normal in shape, particularly during an early or mild stage of inflammation. Pathology reports may describe this finding as increased intraepithelial lymphocytes with preserved villous architecture.



Key Takeaways

- Lymphocytic duodenitis is usually identified through a duodenal biopsy.
- It involves increased lymphocytes within the surface lining of the duodenum.
- The intestinal villi may remain normal in height and shape.
- A commonly used threshold is at least 25 intraepithelial lymphocytes per 100 intestinal cells.
- The finding is sometimes classified as Marsh 1 histology.
- It is not a diagnosis of celiac disease by itself.
- Celiac disease is one possible cause among several.

What Causes Lymphocytic Duodenitis?

Known Causes

Lymphocytic duodenitis occurs when an immune response attracts lymphocytes into the duodenal lining. The trigger may be gluten-related disease, infection, medication exposure, inflammation elsewhere in the digestive tract, or an immune-system condition. The biopsy appearance alone often cannot establish the exact cause, so additional evaluation is usually required.

- **Celiac disease:** Gluten exposure can trigger immune-mediated inflammation in genetically susceptible individuals.
- **H. pylori infection:** Stomach infection may be associated with increased lymphocytes in the duodenum.
- **NSAID exposure:** Aspirin, ibuprofen, naproxen, and similar medicines may contribute to small-intestinal injury.
- **Other medications:** Proton pump inhibitors and selected immune-modifying medicines have been associated with similar biopsy findings.
- **Parasitic infection:** Giardia and other intestinal parasites may produce duodenal inflammation.
- **Other gastrointestinal infections:** Viral or bacterial infections can temporarily increase intestinal lymphocytes.
- **Small-intestinal bacterial overgrowth:** Excess bacteria in the small intestine may cause inflammation and digestive symptoms.

Common Signs & Symptoms

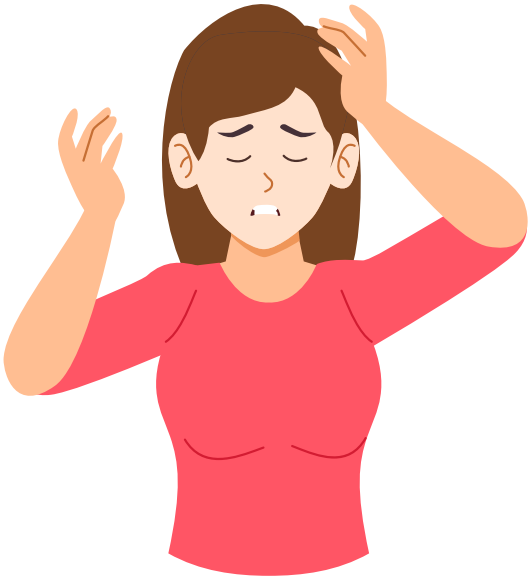
Lymphocytic duodenitis does not produce one distinctive symptom pattern. Some patients have no symptoms and learn about the finding after a biopsy performed for another reason. Others experience indigestion, abdominal pain, diarrhea, bloating, nausea, or symptoms related to poor nutrient absorption.

Core Symptoms Include:

- No noticeable symptoms in some patients
- Upper or central abdominal pain
- Indigestion or dyspepsia
- Abdominal bloating or fullness
- Nausea with or without vomiting
- Chronic or recurring diarrhea
- Constipation in some patients



Severe cases can also cause:



- Persistent diarrhea and dehydration
- Significant unintended weight loss
- Iron-deficiency anemia
- Folate, vitamin B12, vitamin D, or other deficiencies
- Low bone density when untreated celiac disease is responsible
- Protein-calorie malnutrition
- Progressive villous damage if an active enteropathy continues

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Diagnosis & Medical Testing

Diagnosis begins when a duodenal biopsy shows increased intraepithelial lymphocytes. The pathologist also evaluates villous architecture, crypts, inflammation, microorganisms, granulomas, and other tissue changes. Because several conditions can produce similar findings, the gastroenterologist combines the biopsy report with symptoms, celiac testing, medication history, infection testing, and other investigations.

Diagnostic Tools

- **Medical history evaluation:** Reviews diarrhea, abdominal pain, indigestion, weight changes, anemia, and symptom duration.
- **Family history:** Identifies relatives with celiac disease, inflammatory bowel disease, autoimmune disease, or immune deficiency.
- **Dietary history:** Determines whether the patient is currently eating gluten or has already restricted certain foods.
- **Medication review:** Identifies NSAIDs, aspirin, acid-reducing medicines, antibiotics, and immune-modifying drugs.
- **Upper endoscopy:** Examines the esophagus, stomach, and duodenum.
- **Multiple duodenal biopsies:** Samples the duodenal bulb and distal duodenum because abnormalities may be patchy.
- **Pathology review:** Measures intraepithelial lymphocytes and evaluates villous architecture and other microscopic clues.

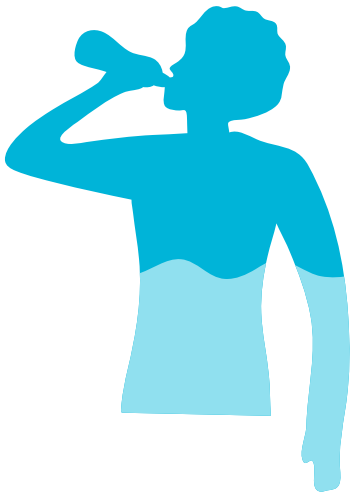
Diet

There is no single diet for every patient with lymphocytic duodenitis. Dietary treatment depends on the underlying cause. A strict gluten-free diet is appropriate when celiac disease has been confirmed, but it should not be started solely because a biopsy shows increased lymphocytes.

Key Insights

- Continue eating gluten until celiac testing is completed unless medically instructed otherwise.
- Do not diagnose celiac disease from the biopsy finding alone.
- Begin a strict gluten-free diet when celiac disease is confirmed.
- Work with a registered dietitian after a celiac diagnosis.
- Avoid unnecessary elimination of wheat or other food groups.
- Eat balanced meals containing protein, vegetables, fruits, and whole grains as tolerated.
- Choose smaller meals when nausea, bloating, or fullness is present.
- Maintain adequate fluid intake.
- Replace fluids and electrolytes during prolonged diarrhea.
- Include iron-rich foods when iron deficiency is present.





Medications & Treatment Options

There is no medication specifically intended to remove duodenal lymphocytes. Treatment is directed at the condition responsible for the biopsy finding. Some patients need only observation and follow-up, while others require treatment for celiac disease, H. pylori, infection, medication-related injury, inflammatory bowel disease, or immune deficiency.

Treatment Options

- **Observation and monitoring:** May be appropriate when symptoms are mild and no active disease is found.
- **H. pylori eradication therapy:** Uses acid suppression and antimicrobial medicines when infection is confirmed.
- **NSAID discontinuation:** Removes a possible cause of intestinal injury when medically safe.
- **Alternative pain medication:** May replace an irritating NSAID after medical review.
- **Gluten-free diet:** Treats confirmed celiac disease.
- **Dietitian-supervised nutrition:** Helps ensure adequate nutrition during celiac treatment or other dietary restrictions.
- **Antiparasitic medicine:** Treats a confirmed Giardia or other parasitic infection.
- **Antibiotic treatment:** May be used for selected bacterial infections or small-intestinal bacterial overgrowth.
- **Inflammatory bowel disease therapy:** Treats Crohn's disease or ulcerative colitis when identified.

Advanced Therapies & Procedures

Most patients do not need an invasive procedure specifically for lymphocytic duodenitis. Advanced evaluation is considered when symptoms persist, nutritional abnormalities worsen, the initial cause remains uncertain, or another digestive disease is suspected. Treatment should remain focused on the confirmed underlying diagnosis.

Therapy Options

- **Expert pathology review:** Confirms the lymphocyte count and looks for villous injury, infection, granulomas, or other diagnostic clues.
- **Repeat upper endoscopy:** Reassesses persistent or worsening duodenal inflammation.
- **Duodenal mapping biopsies:** Collect samples from the bulb and more distant duodenum.
- **HLA genetic testing:** Helps assess whether celiac disease remains plausible in uncertain cases.
- **Supervised gluten challenge:** May be considered when a patient started a gluten-free diet before completing celiac testing.
- **Repeat celiac serology:** Monitors selected patients when early celiac disease remains possible.
- **H. pylori eradication confirmation:** Uses breath or stool testing after treatment.
- **Capsule endoscopy:** May evaluate unexplained small-intestinal disease after narrowing has been excluded.
- **CT or MR enterography:** Assesses possible Crohn's disease or deeper bowel inflammation.

Coping With Lymphocytic Duodenitis

Coping with lymphocytic duodenitis begins with understanding that the biopsy finding is not the same as a final diagnosis. Several possible causes may need to be reviewed before treatment is selected. Keeping copies of pathology reports, endoscopy findings, blood tests, and medication lists can help the healthcare team complete an organized evaluation.

Practical Strategies

- Obtain a copy of the endoscopy and pathology reports.
- Ask whether the villi were normal, shortened, or damaged.
- Ask how many intraepithelial lymphocytes were reported.
- Continue gluten until celiac testing is complete unless instructed otherwise.
- Complete all recommended celiac blood tests.
- Inform the gastroenterologist about NSAIDs and aspirin use.
- Complete H. pylori testing and treatment when recommended.
- Take prescribed medications exactly as directed.
- Attend follow-up gastroenterology appointments.
- Monitor diarrhea, abdominal pain, bloating, and nausea.
- Track body weight and appetite.
- Complete blood testing for anemia and nutritional deficiencies.
- Work with a dietitian before making major food restrictions.
- Do not assume that a negative celiac blood test explains every case.
- Ask whether genetic testing or repeat biopsy is appropriate.
- Report persistent vomiting, worsening pain, or continued weight loss.

FAQS About Lymphocytic Duodenitis



Q1: What is lymphocytic duodenitis?

A: Lymphocytic duodenitis is a biopsy finding in which increased lymphocytes are present within the lining of the duodenum. The villi may remain normal, and the finding may also be called lymphocytic duodenosis, duodenal intraepithelial lymphocytosis, or microscopic enteritis.

Q2: Does lymphocytic duodenitis mean I have celiac disease?

A: No. Celiac disease is one possible cause, but many patients with lymphocytic duodenitis do not have celiac disease. Other causes include H. pylori, NSAIDs, infections, bacterial overgrowth, inflammatory bowel disease, autoimmune conditions, food hypersensitivity, and immune deficiency.

Q3: How is lymphocytic duodenitis diagnosed?

A: It is identified through duodenal biopsies obtained during upper endoscopy. Further testing may include celiac antibodies, total IgA, HLA-DQ2 and HLA-DQ8 testing, H. pylori testing, stool tests, blood tests, medication review, immunoglobulin testing, imaging, or colonoscopy.

Q4: How is lymphocytic duodenitis treated?

A: Treatment depends on the underlying cause. Confirmed celiac disease requires a gluten-free diet, H. pylori requires eradication therapy, medication-related disease may improve after the responsible medicine is changed, and infections or inflammatory disorders require condition-specific treatment.

Take Action

If a biopsy identifies lymphocytic duodenitis, complete the recommended evaluation before starting a restrictive diet or assuming that celiac disease is present. Identifying the underlying cause can prevent unnecessary dietary restrictions and ensure that infection, medication injury, inflammatory disease, or immune deficiency is treated appropriately.

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



Your health matters
take the next step
today!

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