ECRONICON OPEN ACCESS

EC GASTROENTEROLOGY AND DIGESTIVE SYSTEM

Letter to Editor

Eosinophilic Gastritis in Adults. The Exclusion Diet is a Therapeutic Option?

Ignacio Omella[1], Carmen González-Lois[2] and Marta Calvo[1]*

[1]*Department of Gastroenterology and Hepatology, Puerta de Hierro University Hospital, Madrid, Spain*

[2]*Department of Pathology, Puerta de Hierro University Hospital, Madrid, Spain*

***Corresponding Author:** Marta Calvo, Department of Gastroenterology and Hepatology, Puerta de Hierro University Hospital, Madrid, Spain.

Received: October 23, 2020; **Published:** November 07, 2020

Abbreviations

EG: Eosinophilic Gastritis; CD: Crohn Disease; HE: Hematoxylin and Eosin

We present a case of an eosinophilic gastritis (EG), a rare disease that can mislead the physician's diagnosis, mostly by simulating other more frequent pathologies, such as Crohn´s disease (CD).

EG is an unusual primary eosinophilic gastrointestinal entity, in which occurs an eosinophilic infiltrate of the intestinal wall without affecting other organs. The etiology is unknown, but allergens and intestinal dysbiosis might be involved. The diagnosis requires the exclusion of secondary causes of eosinophilic infiltration like infections, drugs or CD, among others. In most cases, symptoms are unspecific, with nausea, vomiting and abdominal pain being the most frequent.

The evidence is low regarding treatment, limited to isolated cases, mainly in children. Corticosteroids are considered as a first-line treatment, inducing remission in most cases. For those who need maintenance treatment, multiple agents have been used, many of them used in CD. Dietary therapy is an alternative first-line treatment, although it has shown benefits in children, evidence in adults is controversial.

A 31-year-old woman with no previous illnesses or known allergies presented a 3 months history of vomiting and malnutrition. A gastroscopy was performed in which nonspecific antral erythema was described. An intense eosinophilic infiltrate was observed, with the formation of microabscesses and fibrosis that continuously affected the mucosa of the entire gastric cavity (Figure 1A). The study was completed with a colonoscopy and an ileal erythema was visualized with no specific data in the pathology report. The patient worsened with oral intolerance and required hospital admission. An enteroRM was performed to determine the extent of the disease. Gastric chamber distension was visualized with a decrease in the folds pattern without other pathological findings. The autoimmunity and infectious studies were negative and our diagnostic suspicion was CD involving the upper gastrointestinal tract. The response to corticosteroids was excellent but when dose decreased, symptoms worsened again. Immunosuppressive treatment with azathioprine was started without success. At this point, we reconsidered the diagnosis of EG. Despite the limited evidence, we proposed an exclusion diet. The study by means of prick test was negative. An exclusion diet of 6 food groups (milk, eggs, flours, fish, legumes, nuts) was initiated. The patient improved with complete cessation of symptoms and weight gain. Gastroscopy was repeated with evidence of resolution of the eosinophilic infiltrate (Figure 1B). The patient evolved favorably without requiring pharmacological treatment.

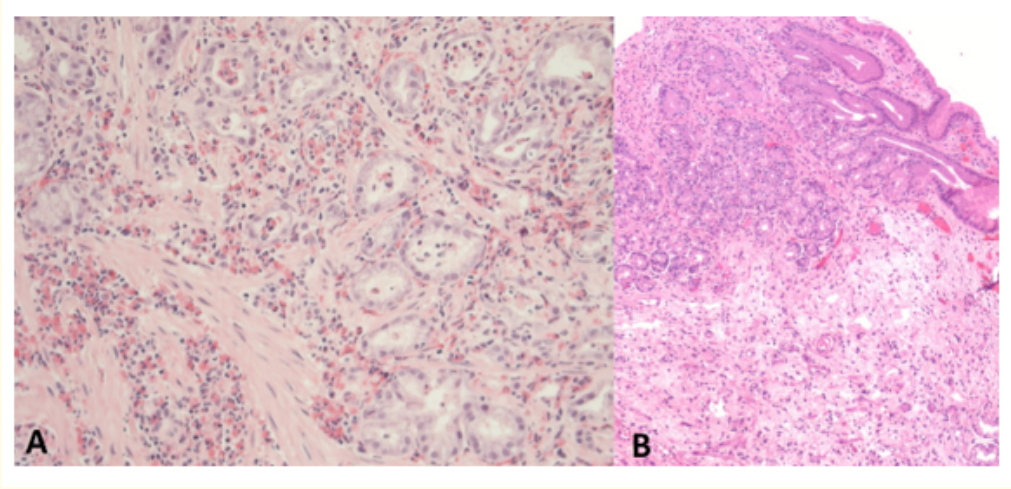

Figure 1: *A: (Hematoxylin and eosin (HE) x200) The image shows prominent eosinophilic infiltration (more than 30 eosinophils per high power field), in the epithelium (eosinophilic microabscesses) and muscularis mucosae. B: (HE x100) Resolution of the eosinophilic infiltrate after exclusion diet.*

Exclusion diets are one of the first-line alternatives in eosinophilic esophagitis with solid supporting evidence. However, there is a lack of studies addressing their utility in adults EG. Cases like the one described encourages the implementation of this type of treatment that can be effective and without side effects, being essential the differential diagnosis with other pathologies.

Conflict of Interest

None declared.

Author Contributions

I.O.: Writing up of the first draft of the paper; C.G.L.: Pathology report; M.C.: Review and main physician.

Funding

Routine work of an organization.

Bibliography

1. Marjorie M Walker., *et al.* "Eosinophilic gastroenteritis and other eosinophilic gut diseases distal to the oesophagus". *The Lancet Gastroenterology and Hepatology* 3 (2018): 271-280.

2. Nirmala Gonsalves. "Eosinophilic Gastrointestinal Disorders". *Clinical Reviews in Allergy and Immunology* 57.2 (2019): 272-285.

3. Eiko Okimoto., *et al.* "Successful Food-Elimination Diet in an Adult With Eosinophilic Gastroenteritis". *ACG Case Reports Journal* 5 (2018): e38.

4. Kinoshita Y and Ishihara S. "Eosinophilic gastroenteritis: epidemiology, diagnosis, and treatment". *Current Opinion in Allergy and Clinical Immunology* 20.3 (2020): 311-315.

5. Tagore Sunkara., *et al.* "Eosinophilic gastroenteritis: diagnosis and clinical perspectives". *Clinical and Experimental Gastroenterology* 12 (2019): 239-253.

Volume 7 Issue 12 December 2020