In recent studies, diagnostic protocol for eosinophilic gastritis and/or eosinophilic duodenitis (EG/EoD) employed a 3-step process

**For gastroenterologists:**

**EG/EoD IS MORE COMMON THAN YOU THINK**

**Detect EG/EoD in your practice**

Recent evidence indicates that EG/EoD is highly underdiagnosed and is much more common than previously thought.

**IDENTIFY PATIENTS WITH**

- Chronic GI symptoms, such as:
  - Abdominal pain
  - Early satiety
  - Nausea/vomiting
  - Gas/bloating

- Unresolved functional GI disorder, such as:
  - Irritable bowel syndrome
  - Functional dyspepsia

- Many patients with EG/EoD are initially misdiagnosed with one of these conditions.

**Conduct EGD with systematic collection of**

- 8 GASTRIC AND 4 DUODENAL BIOPSIES
- and inform your pathologist that you suspect EG/EoD

**Ask your pathologist to report if there are**

- ≥30 gastric and/or duodenal eosinophils per high-power field (hpf)

**COUNT**

**DEFINITIVE DIAGNOSIS OF EG/EoD**

A diagnosis of EG/EoD can be easily missed without systematic biopsy and histopathology protocols.

The approach used in recent EG/EoD studies included the following steps:

1. Take biopsies even if visually normal, as mucosae appear normal endoscopically in about half of all cases.
2. During EGD, take at least 8 biopsies from the stomach and 4 from the duodenum, as eosinophilic inflammation is very patchy and can affect one or both regions.
3. Request that your pathologist report gastric and/or duodenal eosinophil counts if ≥30 per hpf, the accepted threshold for diagnosis of EG/EoD.

Abbreviations: EGD, esophagogastroduodenoscopy; GI, gastrointestinal.

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