Eosinophilic gastroenteritis may affect any part of the gastrointestinal tract from the esophagus to the rectum. Symptoms include dysphagia (sometimes presenting as food impaction), heartburn, abdominal pain, nausea, vomiting, diarrhea, weight loss, and bloating (ascites is possible). The eosinophilic infiltration may involve one or more layers of the gastrointestinal wall. The particular symptoms present in each person depend upon the layer and the location of involvement. Most commonly, the stomach wall and the small bowel are involved. Mucosal involvement leads to protein-losing enteropathy and malabsorption. Muscle layer involvement causes abdominal pain, vomiting, dyspeptic symptoms and bowel obstruction. Subserosal involvement predominantly causes ascites with marked eosinophilia. Sometimes eosinophilic pleural effusion is present. Eosinophilic gastroenteritis is a chronic, waxing and waning condition. The exact cause of eosinophilic gastroenteritis is unknown. Some cases of this disease may be caused by a hypersensitivity to certain foods or other unknown allergens. Often, a family history of allergy is present. Atopy (asthma, hay fever or eczema) is present in a subset of patients. Food allergies are common. Eosinophilic gastroenteritis is a rare disease (10/100.000) that affects both males and females, but is slightly more common among men. Peak prevalence is in children and adults 20-50 years of age. The reported prevalence has increased markedly, and this is probably due to prior under-diagnosis. People with a history of allergies, eczema, and seasonal asthma are more likely to develop this disease. Some patients present with elevated IgE and eosinophilia of tissue and blood. A careful history may suggest to the physician that a biopsy is required. The results of the biopsy (endoscopic or full-thickness surgical biopsy) are usually diagnostic.