

Table 1 - Cases of Garlic-Induced Esophagitis and Gastroenteritis

	Age	Gender	Past Medical History	History of Presenting Illness	Primary presenting symptoms	Identification	Management	Outcome and Follow-up
Kim et al. 2008	60	F	None mentioned	Symptoms started 12 hours after eating sliced raw fish and garlic.	Severe sustained chest pain	EGD	2.7 x 1.5 cm piece of garlic removed by retrieval forceps. Admitted for supportive care. NPO.	Chest pain improved when garlic removed. Follow-up EGD after 3 days revealed dramatic improvement, tiny whitish scarring, and grey mucosal changes at the site of impaction.
Adachi 2010	42	F	Pollinosis, asthma	None relevant	Diarrhea, urticaria, heartburn, peripheral eosinophilia	EGD, biopsy, patch testing, trial of removal of causative agents	Avoidance of causative agents	Symptoms resolved
Ergül and Çakal 2012	46	M	Hypertension	History of swallowing garlic without water one day before the symptoms occurred.	Acute onset odynophagia and retrosternal pain x 12 hours	Immediate upper endoscopy	Liquid diet, lansoprazole 30mg BID and sucralfate QID.	Resolved in 3 days. Repeat endoscopy 4 weeks later showed no lesion.
Doğan et al. 2013	54	M	Hypertension	History of swallowing garlic with little water.	Acute onset odynophagia and retrosternal pain x 12 hours	Upper endoscopy	Therapeutic push of garlic into stomach, liquid diet, lansoprazole 30mg BID and sucralfate QID	Resolved in 5 days. Repeat endoscopy 4 weeks later showed no lesion.
Mane et al. 2013	58	M	1) Allergic rhinitis 2) Asthma 3) Autoimmune alopecia 4) Autoimmune thrombocytopenia 5) Splenectomy	>15 year history of upper gastrointestinal symptoms refractory to GERD treatment. Subsequent 6 years worsening dysphagia. EGD and biopsy confirmed eosinophilic esophagitis. Patient was treated with swallowed viscous budesonide, but this was taken irregularly. Next 2 years had increased nausea, dyspepsia, dysphagia. A second EGD showed normal mucosa but a repeat biopsies showed eosinophils. Referred to allergy/immunology, underwent skin prick testing.	Dysphagia, nausea, dyspepsia	EGD, biopsy, history, skin-prick testing	Avoidance of garlic and cottonseed, regular intake of viscous budesonide 0.5 mg BID in sucralose powder between meals.	Marked improvement within a few weeks. After 3 months, budesonide frequency was reduced to once daily. Patient became largely asymptomatic.

Table 1 - Summary of all cases of garlic-induced esophagitis and gastroenteritis, including presentation, identification, management, and follow-up.