Author’s reply to the comment titled “Eosinophilic gastroenteritis: The new imitator”

Author’s Reply
To the Editor,

We would like to thank Erkan Çağlar for his valuable comments on our manuscript (1). The gastrointestinal tract has direct contact with the external environment and plays an important role in homeostasis. It is also responsible for defining what is nutrient and should be absorbed and what is potentially toxic and should be eliminated. Accordingly, eosinophils are key effector cells of the innate immune system within the gastrointestinal tract (2). Their presence can be considered normal, except in the esophagus (3). Therefore, the diagnosis of idiopathic eosinophilic gastroenteritis is usually difficult.

Eosinophilic gastroenteritis is a disease that has been increasingly mentioned in case reports with clinical presentations dependent on the gastrointestinal layer involved. Approximately 58% have mucosal, 30% muscular, and 13% subserosal disease (4,5). There is no gold standard test for diagnosis. Peripheral eosinophilia is indicative of the diagnosis, but the eosinophil count is normal in 20% to 50% of the cases (6). Allergies and atopy are suggestive, but are absent in half the cases (7). Biopsies show increased eosinophils; however, no standards of diagnosis have been established (2). Admittedly, the eosinophilic infiltrate can be found in different locations where the disease manifests itself, as mentioned by Çağlar (1). Cha et al. reported a case of suppurative appendicitis with marked eosinophilic infiltration of the abdominal skin (8). Eosinophilic gastroenteritis is a rare disease in which the diagnosis is often challenging, especially in the absence of peripheral eosinophilia or history of allergy and/or atopy.

In case 2 (9), the patient had no history of allergy and/or atopy and no peripheral eosinophilia was evidenced. The patient presented with gastric outlet obstruction syndrome and weight loss, and had a past history of smoking. While investigating a possible malignant etiology for duodenal stenosis, the patient underwent surgery for uncontrollable vomiting. If the diagnosis of eosinophilic gastroenteritis had been made early, and if corticosteroid therapy had been started promptly, surgery could have been avoided. In this scenario, immunoglobulin E and primarily eosinophilic cationic protein, if available, could have helped indeed.

It is concluded that this disease should be widely publicized so that it can always be considered in the differential diagnosis of various clinical presentations, because early treatment can prevent complications.

REFERENCES
2. Yan BM, Shaffer EA. Primary eosinophilic disorders of the gastrointestinal tract. Gut 2009; 58: 721-32. [CrossRef]

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