



Eosinophilic gastroenteritis: The new imitator

To the Editor,

In the August 2014 issue of Turkish Journal of Gastroenterology, Leal et al. (1) have reported two cases related to an unusual clinical presentation of eosinophilic gastroenteritis. Eosinophilic gastroenteritis (EG) is a rare disease, with a cause and incidence that are not fully known. EG is a part of the differential diagnosis with many diseases due to its leading to gastric outlet obstruction and ascites. In this respect, EG is a disease that should be well known by both internists and gastroenterologists.

Eosinophilic gastroenteritis may emerge due to primary and secondary reasons (2). Especially, chronic myeloproliferative diseases and eosinophilic leukemia-lymphoma are among secondary reasons, and its treatment is rather different than of those due to other reasons, and it requires treatment with cytotoxic drugs. Therefore, all-purpose scans are performed in the work-up of EG patients, including flow cytometric examination of peripheral blood and bone marrow biopsy.

Some investigators report that subserosal-type disease develops into the mucosal or muscular type by reaching eosinophilic infiltration to the subserosa as a result of long-term exposure (3). Even though the authors have not reported eosinophilic infiltration in endoscopic biopsies of their own patients with ascites, eosinophilic infiltration may be observed in the mucosa biopsy of patients with EG, presenting with ascites due to the reasons mentioned above. The count of eosinophils in the microscopic examination of ascites is quite helpful for us in the diagnosis. In addition to this, thickening is observed in the walls of the intestinal anseae by abdominal computerized tomography of patients with subserosal involvement.

Peripheral eosinophilia may be observed in 20%-80% of patients. Immunoglobulin E (IgE) is found to be rather high in the serum of some patients. Primarily eosinophilic cationic protein (ECP) and substances, such as major basic protein I and II, are present in the granules of eosinophils in the tissue, for which the count is correlated with disease activity (4). Therefore, in addition to the amount

of peripheral eosinophilia, both IgE and ECP may be used in the monitoring of the treatment.

The major drug in its treatment is steroid, and steroid-sparing drugs (azathioprine, mercaptopurine, etc.) may be used in individuals requiring long-term steroid or in individuals with relapsing course of disease (5). Elementary diet is another form of supplementary treatment, which should be recommended to patients. Even though the authors first considered surgery for the patient with gastric outlet obstruction, gastric outlet obstruction has regressed with steroid in a case reported by Caglar et al. (6). Surgery should be considered as the final option.

In conclusion, internists and gastroenterologists should be more knowledgeable on EG, which may mimic many other important diseases, and they should carefully investigate the underlying diseases. Steroid treatment is the major form of treatment, and other treatment methods should be considered in individuals refractory to treatment.

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Erkan Çağlar

Department of Gastroenterology, İstanbul University Cerrahpaşa Faculty of Medicine, İstanbul, Turkey

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Address for Correspondence: Erkan Çağlar, Department of Gastroenterology, İstanbul University Cerrahpaşa Faculty of Medicine, İstanbul, Turkey
E-mail: dr_erkant799@yahoo.com

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