

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.

Regina Arruda Leal¹, Leonardo Fayad¹, Daniella Serafin Couto Vieira², Teresa Maria Silva Figueiredo², Aldemar Lopes³, Roberta de Oliveira Magalhães Carvalho⁴, Esther Buzaglo Dantas-Corrêa¹, Leonardo de Lucca Schiavon¹, Janaína Luz Narciso-Schiavon¹

¹Division of Gastroenterology, Department of Internal Medicine, Federal University of Santa Catarina, Florianópolis, SC, Brazil

²Department of Pathology, Federal University of Santa Catarina, Florianópolis, SC, Brazil

³Department of Surgery, Federal University of Santa Catarina, Florianópolis, SC, Brazil

⁴Division of Radiology, Department of Internal Medicine, Federal University of Santa Catarina, Florianópolis, SC, Brazil

REFERENCES

1. Çağlar E. Eosinophilic gastroenteritis: The new imitator. Turkish Journal of Gastroenterology 2014; 25: 460. [CrossRef]
2. Yan BM, Shaffer EA. Primary eosinophilic disorders of the gastrointestinal tract. Gut 2009; 58: 721-32. [CrossRef]
3. Kato M, Kephart GM, Talley NJ, et al. Eosinophil infiltration and degranulation in normal human tissue. Anat Rec 1998; 252: 418-25. [CrossRef]
4. Talley NJ, Shorter RG, Phillips SF, Zinsmeister AR. Eosinophilic gastroenteritis: A clinicopathological study of patients with disease of the mucosa, muscle layer, and subserosal tissues. Gut 1990; 31: 54-8. [CrossRef]
5. Klein NC, Hargrove RL, Sleisenger MH, Jeffries GH. Eosinophilic gastroenteritis. Medicine (Baltimore) 1970; 49: 299-319. [CrossRef]
6. Rothenberg ME. Eosinophilic gastrointestinal disorders (EGID). J Allergy Clin Immunol 2004; 113: 11-28. [CrossRef]
7. Guajardo JR, Plotnick LM, Fende JM, Collins MH, Putnam PE, Rothenberg ME. Eosinophil-associated gastrointestinal disorders: A world-wide-web based registry. J Pediatr 2002; 141: 576-81. [CrossRef]
8. Cha JM, Lee JI, Joo KR, Shin HP. Eosinophilic gastroenteritis with eosinophilic dermatitis. Yonsei Med J 2010; 51: 145-7. [CrossRef]
9. Leal RA, Fayad L, Vieira DSC, et al. Unusual presentations of eosinophilic gastroenteritis: Two case reports. Turk J Gastroenterol 2014; 25: 323-9. [CrossRef]

Address for Correspondence: Janaína Luz Narciso-Schiavon, Division of Gastroenterology, Department of Internal Medicine, Federal University of Santa Catarina, Florianópolis, SC, Brazil
E-mail: janaina.gastro@outlook.com