Authors' reply to Molina-Infante et al

We appreciate Dr Molina-Infante et al's comments, but, based on the current evidence, we do not agree with their point of view.[1] According to the recent guidelines published by the American Gastroenterology Association, we agree that "symptomatic" eosinophilic esophagitis (EE) should be diagnosed in the absence of pathologic gastroesophageal reflux disease (GERD) as evidenced by a normal pH monitoring study of the distal esophagus or lack of response to high-dose proton pump inhibitor (PPI) medication.[2] However, for "asymptomatic" EE, though not uncommon in the general population of Western countries,[3] the management strategy for asymptomatic patients is still not available.[2] This is due to the uncertain natural history of asymptomatic EE. Furthermore, our current case was incidentally found to have EE with the presence of neither GERD symptoms (esophageal or extra-esophageal) nor endoscopic evidence of reflux esophagitis. Thus, there existed no treatment targets for PPI. Though Dr Molina-Infante et al successfully treated the dysphagia in 2 suspected EE patients with PPI,[4] this result might simply be suggestive of the diagnosis of either pure GERD or EE with coexisting GERD in their patients. The success of PPI treatment cannot be justification for the strategy that all asymptomatic "patients" with histologically-proven EE should be given PPI trial. We do not believe that a PPI trial would add any diagnostic or therapeutic benefits to our presented subject. Nevertheless, we suggest that asymptomatic EE patients be closely followed for the development of clinical symptoms and periodic endoscopy performed to look for persistent esophageal eosinophilia and/or the development of esophageal morphologic abnormalities.

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References

1. Lu HC, Lu CL, Chang FY. Eosinophilic esophagitis in an asymptomatic Chinese. *J Chin Med Assoc* 2008;71:362–4.
2. Furuta GT, Liacouras CA, Collins MH, Gupta SK, Justinich C, Putnam PE, Bonis P, et al; First International Gastrointestinal Eosinophil Research Symposium (FIGERS) Subcommittees. Eosinophilic esophagitis in children and adults: a systematic review and consensus recommendations for diagnosis and treatment. *Gastroenterology* 2007;133:1342–63.
3. Ronkainen J, Talley NJ, Aro P, Storskrubb T, Johansson SE, Lind T, Bolling-Sternevald E, et al. Prevalence of oesophageal eosinophils and eosinophilic oesophagitis in adults: the population-based Kalixanda study. *Gut* 2007;56:615–20.
4. Molina-Infante J, Ferrando-Lamana L, Mateos-Rodríguez JM, Pérez-Gallardo B, Prieto-Bermejo AB. Overlap of reflux and eosinophilic esophagitis in two patients requiring different therapies: a review of the literature. *World J Gastroenterol* 2008;14:1463–6.