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Eosinophilic esophagitis and celiac disease

Davide Giuseppe Ribaldone^{1 *}

¹Department of Medical Sciences, Division of Gastroenterology, University of Torino, Torino, Italy

Conflicts of interest: none to declare.

*Corresponding author: Davide Giuseppe Ribaldone - Department of Medical Sciences, Division of Gastroenterology, University of Torino, C.so Bramante 88 - 10126 Torino – Italy. E-mail: davrib_1998@yahoo.com Tel: +390116335208, Fax: +390116336752.

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Dear Editor,

In a recent interesting review, Alfredo Lucendo has reported on the current evidence-based diagnosis and treatment of eosinophilic esophagitis (EoE). Correctly, the author gives importance also to dietary treatment reporting several approaches described in literature.¹ I would like to add some information about the potential association between EoE and celiac disease (CD). CD is a chronic, immune-mediated disorder, characterized by small intestinal malabsorption of nutrients after the ingestion of gluten by genetically susceptible individuals. For this reason, CD is considered the main relevant “gluten-related disorder”, a definition that includes also wheat allergy and non-celiac gluten sensitivity.² All occur in response to the common grain wheat or its component gluten.³

Several extraintestinal manifestations have been associated to CD.⁴ Both CD and EoE are caused by aberrant, but distinct, immune responses to ingested antigens and can be responsive to restricted food intake. In a review we reported that the prevalence of EoE in children with CD was until the 8% of the studied population.⁵ Hence, this finding highlights the importance of obtaining routine esophageal biopsies in children undergoing endoscopy for diagnosis of CD irrespective of whether the esophagus appears normal or abnormal at endoscopy (it could appear only slightly altered in some patients).

References

1. Lucendo AJ. Eosinophilic esophagitis: current evidence-based diagnosis and treatment in children and adults. *Minerva Gastroenterol Dietol* 2018;64:62-74.
2. Vasagar B, Cox J, Herion JT, Ivanoff E. World epidemiology of non-celiac gluten sensitivity. *Minerva Gastroenterol Dietol* 2017;63:5-15.

3. Caio G, Riegler G, Patturelli M, Facchiano A, De Magistris L, Sapone A. Pathophysiology of non-celiac gluten sensitivity: where are we now? *Minerva Gastroenterol Dietol* 2017;63:16-21.
4. Ribaldone DG, Astegiano M, Fagoonee S, Rizzetto M, Pellicano R. Epilepsy and celiac disease. *Panminerva Med* 2011;53:213-6.
5. Pellicano R, De Angelis C, Ribaldone DG, Fagoonee S, Astegiano M. 2013 Update on celiac disease and eosinophilic esophagitis. *Nutrients* 2013;5:3329-36.