Editorial

Eosinophilic gastroenteritis; the Greek experience

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Eosinophilic gastroenteritis (EGE) is a rare disease of the gastrointestinal tract in which the eosinophils seem to play an important role in the inflammation of the gut wall. It is an unusual entity in daily clinical practise potentially affecting all locations and layers of the gastrointestinal tract. The aetiology of EGE is unknown and its pathogenesis is poorly understood[1-3]. EGE has features of allergy and immune dysregulation but does not clearly fit into the category of allergic or immune disorder. Abdominal pain, vomiting, diarrhea, and abdominal distension due to ascites were the most frequent clinical manifestations. The diagnosis can be made microscopically with evidence of massive eosinophilic infiltration in patients with chronic gastrointestinal symptoms, excluding entities that may cause such findings (parasitic infestation, medical therapy, inflammatory bowel disease, and so on). However, a false negative diagnosis can occur, since the disease can take up a patchy distribution, or a more profound involvement of the gastrointestinal layers without mucosal disease. EGE is usually associated with allergic processes. Moreover, the frequent finding of concomitant extradigestive involvement calls for differential diagnosis to distinguish some multisystemic pathologies, such as connective tissue disease. We should also have in mind that EGE may evolve into idiopathic hypereosinophilic syndrome.

Several cases of EGE have been described in the English literature. However its incidence is difficult to estimate because some patients are probably undiagnosed and surely unreported. There are areas where the disease is quite common like northeastern Australia. An association with infection from Ancylostoma caninum was found in a large series from this area[4], raising the suggestion that undiscovered intestinal zoonoses may play an important role in the pathogenesis of EGE.

There are no evidence-based studies in the literature of the treatment of patients with EGE. However, elimination of foods and the use of elemental diets, corticosteroids, and mast cell inhibitors (eg, cromolyn sodium, ketotifen), alone or in combination, all have their place, depending on the age of the patient, organ involved, clinical presentation, and clinical urgency. Because occult parasitism remains an elusive and unrecognized cause in an unknown number of cases, empiric antihelminthic therapy should be tried in some patients.

A review article[5] in the present issue of Annals of Gastroenterology presents in detail the current aspects on etiopathogenesis, diagnosis and treatment of this disorder. On the other hand two case reports with an extraordinary atypical clinical onset of EGE are also presented. The first presented with tense ascites[6] and the second with incomplete gastric outlet obstruction and upper GI bleeding[7]. Recently a case of EGE complicated with perforation and intussusception in a neonate has also been reported from a Greek center[8]. These three cases are the first Greek reports in the English literature. These cases suggest the wide spectrum of clinical presentations and show the high suspicion index needed for a diagnosis made by a pathologist. Because therapy is available and the prognosis after therapy is excellent, it is important to recognize the disease early and to prevent complications and unnecessary operations.

On the other hand, the data of these case reports are not sufficient for comparison of the disease characteristics in Greece with the published data from other countries. Further studies are needed which focus on the study of the epidemiological and clinical characteristics of EGE in Greece.

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