

Correspondence

Reply

To the Editor:

With interest I read the communication from Ramirez et al¹ describing a 4-year-old boy with dust mite hypersensitivity, chronic rhinitis, and eosinophilic esophagitis (EoE) who showed improvement of his clinical condition and remission of EoE after high-dose immunotherapy with house dust mite allergen. It is suggested that in addition to the already recognized role of food allergies in some cases of EoE² and the growing evidence for a role of pollen allergy^{3,4} in other cases, the involvement of perennial aeroallergens should be considered in patients with EoE.

Unlike the case of eosinophilic gastrointestinal disease (EGID) we described recently⁴ in a boy with allergy to birch pollen and to cross-reactive pathogenesis-related class 10 proteins, the boy presented by Ramirez et al¹ did not show cross-reactivity between mites and food. This difference might partly explain the EGID being more expanded in our patient compared with the case described by Ramirez et al.

Both cases^{1,4} suggest that some patients with EoE/EGID might benefit from immunotherapy with aeroallergens. This possibility is highly relevant in view of the severity of EoE/EGID and its restricted therapeutic possibilities.^{2,5} Controlled studies in patients

with EoE/EGID and aeroallergen sensitivity should address this question and first could focus on patients also having respiratory symptoms with indications for immunotherapy.

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Disclosure of potential conflict of interest: L. De Swert declares that she has no relevant conflicts of interest.

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