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LETTER



Filarial tropical pulmonary eosinophilia

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Dear Editor, we read the publication on “Filarial tropical pulmonary eosinophilia (TPE): a condition masquerading asthma, a series of 12 cases” with a great interest [1]. Tsanglao et al. reported 12 cases and concluded that “TPE should always be considered in patients from filaria endemic areas presenting with cough, dyspnea or wheezing. High eosinophil count ($>3 \times 10^9$ cells) with raised IgE level (>1000 IU/mL) in such cases should alert the physician to look for TPE [1].” We would like to share ideas on this report. First, Tsanglao et al. diagnosed TPEs based on an immunological test without identification of microfilariae in a blood smear by microscopic examination. The immunological test might be helpful, but the test cannot replace the gold standard, the microscopic examination [2]. In the tropical countries, there might be an immunoreactive reaction to filariasis despite there is no infection. The cross reaction to another important parasite, strongyloidiasis, is possible and can result in a false diagnosis of filariasis [3]. The TPE might be due to strongyloidiasis and misdiagnosed as filariasis. Nevertheless, the coinfection between filariasis and another parasite is possible. It is difficult to rule out the coinfection induced TPE. Second, the suggested laboratory tests, including

eosinophil count and IgE level, are not specific. Several conditions including other tropical parasitic infections and allergy can result in abnormal eosinophil counts and IgE levels.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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