

References

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Reply

To the Editor,

We thank Drs Gonzalez-Cervera et al. (1) for their comments on our recently published paper (2) and for raising an interesting debate about the exact role of skin testing-directed elimination diets in the management of eosinophilic esophagitis (EoE).

As regards treatment stratification of our patient population depending on the severity of symptoms, it must be pointed out that, although this particular classification has not been previously proposed, selection strategies – in general – are not novel in the EoE literature. For example, according to the latest guidelines of the Eosinophilic Esophagitis Working Group and the Gastroenterology Committee of ESPGHAN for the management of children and adolescents with EoE, systemic

corticosteroids should be reserved only for patients with extremely severe symptoms (e.g., severe dysphagia, food impaction, dehydration, weight loss, esophageal strictures) (3). On the other hand, elimination diets and/or topical steroids – which were administered to our patient population – are both widely acceptable and recommended as first-line treatment for children with EoE (presenting with either mild or severe symptomatology). Furthermore, in the clinical setting, treatment of patients – and especially pediatric patients – is always individualized, and different patients do need different treatments.

The title of our article 'Allergy test-driven elimination diet is useful in children with eosinophilic esophagitis, regardless of the severity of symptoms' does not 'ignore the fact that a high proportion of patients also received concomitant

treatment with topical corticosteroids during the first five months and then on demand' as commented by Gonzalez-Cervera et al. (1), but is rather reflective of the study objective and main findings. The aim of our study was to investigate the effectiveness of skin test-driven elimination diets as monotherapy among patients with mild, GERD-like symptoms and as an add-on treatment – mainly for the prevention of histological and clinical relapse after cessation of steroids – in patients with severe symptoms who received topical and/or oral corticosteroids. Our results showed a long-standing clinical and histological response in almost all our patients, up to a year after implementation of the above treatment protocols and 7 months after cessation of steroids (only one patient in our study used steroids on an 'as-needed' basis after the initial 5-month treatment period). Undoubtedly, our inability to include an additional group of patients (with severe symptoms) receiving only corticosteroids represents a significant limitation of our study and should be acknowledged as such. This was nevertheless due to obvious ethical concerns associated with depriving pediatric patients of the optimal therapeutic management. Furthermore, an abundance of previously published data has consistently demonstrated that, although steroid treatment appears to be effective at achieving both clinical and histological improvement, the observed remission is typically short term, and recurrence rates are high once steroids are discontinued (4). For the same reason (avoidance of recurrence), diet was continued throughout the 1-year follow-up period in our study.

Notably, the twofold greater dropout rate observed in our study among patients who did not receive corticosteroids (as compared to the corresponding rate of patients who received corticosteroids) does not necessarily indicate – as concluded by Gonzalez-Cervera et al. (1) – that steroids were 'the main responsible for EoE control, rather than food elimination', but may well be attributed to a variety of other reasons, such as the presence of less severe symptoms in this patient subgroup.

In reply to the criticism on the high rate of positive results yielded by atopy patch test with foods in our study – as compared to the lower rates reported by previous investigators – we must first note that the relevant results cited by the

authors are mostly derived from much larger cohorts and, therefore, may not be directly comparable to our own. Second, our department is a referral center of our country for the performance and interpretation of skin testing – including atopy patch testing (APT) – and our experience on this technique is quite significant. Although a detailed analysis of methodological aspects is outside the context of this letter, it is noteworthy that, as regards skin testing for cow's milk protein allergy in particular, we have observed that sensitivity of APT can be significantly increased with use of hydrolyzed instead of standard cow's milk preparations.

We agree with the authors (1) that the optimal method for the assessment of food allergy sensitization in EoE remains a controversial and largely debatable issue and that additional studies are needed to standardize and improve accuracy and reproducibility of APT for foods (5). However, it is also increasingly recognized that elimination diets based on skin prick testing (SPT) and APT results may lead to resolution of symptoms and esophageal eosinophilia in a similar proportion of patients as compared to empiric removal of foods (6) and the utility of both SPT and APT has been shown in large pediatric cohorts of EoE (6–8). The higher efficacy rate reported in the present study – as compared to the rate reported in these cohorts – may, at least partly, be attributed to our smaller patient sample.

Finally, it must be emphasized that the objective of our article was not to 'change well-established schemes', as commented by Gonzalez-Cervera et al. (1), but to report our positive and encouraging experience from the implementation of a simple dietary therapeutic protocol, with the ultimate aim to encourage increased research interest in this field. On the other hand, we agree with the authors that the results of our study should be interpreted with caution and in light of its limitations. Future prospective studies – including larger patient samples and well-controlled treatment subgroups – are warranted and urgently awaited to further clarify this important issue.

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