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EDITORIAL

Regarding the article 'Prevalence of eosinophilic esophagitis: A multicenter study on a pediatric population evaluated at thirty-six Latin American gastroenterology centers' by Pierre-Álvarez et al. ☆



A propósito de la «Prevalencia de esofagitis eosinofílica: estudio multicéntrico en población pediátrica evaluada en 36 centros de gastroenterología de América Latina» de Pierre-Álvarez et al.

With respect to the article "Prevalence of eosinophilic esophagitis: A multicenter study on a pediatric population evaluated at 36 Latin American gastroenterology centers",¹ an analysis headed by Dr. Reinaldo Pierre-Álvarez that included endoscopy centers from 10 Latin American countries, the following should be highlighted:

It is a study on the period prevalence of eosinophilic esophagitis (EoE) conducted on a pediatric population that was seen for 3 months in 2016 at the different participating centers. The diagnostic criterion was based on 15 or more eosinophils per field in esophageal biopsies from patients with no eosinophilic diseases of the stomach or intestine and no other causes of esophageal eosinophilia. Said histopathologic diagnostic criterion prevails. However, the latest expert position states that the response to proton pump inhibitors (PPIs) is not a diagnostic criterion for EoE. The effect of PPIs against eosinophilic infiltration is recognized and the drugs are included in the treatment.² No allusion to that variant was made in the study discussed herein because it was conducted at a period before the publication of the new criteria.

Early detection of EoE has a direct effect on outcome. In a recent multinational European report, the average length of time from the beginning of the disease to its diagnosis was 12 months.³ That information affirms the importance of the

work of Pierre-Álvarez et al. in achieving the collaboration of numerous endoscopy centers, thus raising awareness in the medical population as to the possibility of an opportune diagnosis of EoE.

The 36 participating centers from 10 different countries provide care to patients of diverse populations seen at public referral centers and private hospitals. That diversity most likely aided in obtaining more accurate prevalence figures reported by the authors. However, it is difficult to understand why prevalence was low or nonexistent in Peru, Mexico, Uruguay, Ecuador, and El Salvador. Prevalence in adults has been reported at 1.7% in the Mexican medical literature,⁴ suggesting that the report on the participating Mexican pediatric centers was either inaccurate or too few centers participated, or that pediatric cases were not looked for directly. The same could apply to the other countries with low or null disease prevalence.

EoE was described at the end of the 1980s and the majority of the cases series come from Europe, the United States, and Canada. The reported prevalence in those countries is similar to the prevalence found in Latin America by the authors of the article discussed herein. Nevertheless, to achieve more accurate prevalence figures, I believe that the research must be broadened to include a higher number of centers in a higher number of Latin American countries. The example of Mexico's participation clearly supports that argument.

An additional analysis identifying the risk factors in the same population of the present study would provide valuable information. Research results suggest that early life events, such as exposure to antibiotics, cesarean deliveries, and antacid use are associated with a greater risk for

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developing EoE.⁵ It is also important to underline that the majority of patients with EoE present with allergic diseases, such as asthma, rhinitis, dermatitis, and food allergies. The EoE working group of the *Sociedad Latinoamericana de Gastroenterología, Hepatología y Nutrición Pediátrica (SLAGHNP)* has the opportunity to contribute more information by carrying out an additional study that would include both the population data reported in the present study and the data obtained from a larger number of Latin American centers.

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Conflict of interest

The authors declare that there is no conflict of interest.

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J.A. Madrazo-de la Garza^{a,b,*}

^a *Academia Mexicana de Pediatría, Mexico City, Mexico*

^b *Hospital Ángeles de las Lomas, Huixquilucan, Mexico*

* Corresponding author at: Homero 655, Polanco, CDMX, 11560, Mexico. Tel.: 52 46 95 15

E-mail address: jarmando.madrazo@gmail.com