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D. García-Compeán*, A.R. Jiménez-Rodríguez

Servicio de Gastroenterología, Hospital Universitario ''Dr. José Eleuterio González'', Facultad de Medicina, Universidad Autónoma de Nuevo León, Monterrey, Nuevo León, Mexico

*Corresponding author at: Servicio de Gastroenterología, Departamento de Medicina Interna, Hospital Universitario y Facultad de Medicina, Universidad Autónoma de Nuevo León, Avenida Madero y Gonzalitos S/N, Col. Mitras Centro, C.P. 64460 Monterrey, Mexico. Tel.: +52-81-83487315; Fax: ++52 81 89891381.
E-mail address: digarciacompean@prodigy.net.mx (D. García-Compeán).

Response to the letter to the editor: ''The PPI test paradigm''

Respuesta a la carta al editor: ''El paradigma de la prueba con IBP''

Dear Editors,

We appreciate the letter sent by Dr. García-Compeán and Dr. Jiménez-Rodríguez,[1] regarding the article ''Good clinical practice recommendations for the management of gastroesophageal reflux disease. A Latin American expert review'', recently published in the *Revista de Gastroenterología de México*.[2]

We are in complete agreement with the arguments expressed concerning eosinophilic esophagitis (EoE), an entity clearly on the rise, epidemiologically, and whose characteristics can be confused or overlap with those of gastroesophageal reflux disease (GERD). Even though there is no robust evidence with clinical trials, the hypothesis on the possible masking of EoE due to the empiric use of PPIs or P-CABs as a diagnostic test is a valid and relevant one, especially in populations with a low prevalence of EoE, as is the case in Latin America.[3]

As García-Compeán and Jiménez-Rodríguez point out, a number of patients with EoE may present with symptoms that are indistinguishable from GERD, and respond, at least partially, to treatment with PPIs, which can delay the definitive diagnosis of EoE. Nevertheless, we consider that the PPI test continues to be a useful diagnostic tool in selected clinical settings, as long as it is performed judiciously, taking into account the individual risk factors and clinical characteristics that may lead to an alternate diagnosis. We emphasize that the PPI test is indicated only in patients with typical GERD symptoms, heartburn, and regurgitation, in young patients, and when there are no alarm symptoms, such as dysphagia, food impaction, weight loss, anemia, or gastrointestinal bleeding. As we pointed out in our statement referring to GERD and EoE, we agree that in the presence of dysphagia, food impaction, a history of atopy, or atypical symptoms in young patients, the performance of early endoscopy, with esophageal biopsies, should be considered, before carrying out a therapeutic test with PPIs.[2]

We appreciate the valuable collaboration of the authors of this letter to the editor, for calling attention to EoE, a condition that should always be considered in the differential diagnosis of GERD. Likewise, these types of contributions bring to light the need for clinical trials that can clearly define the impact the use of a PPI test has on masking or delaying the diagnosis of EoE.

Financial disclosure

No financial support was received in relation to this letter.

Declaration of competing interest

The author is a speaker for Laboratorios Carnot.

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M.A. Valdovinos-Díaz*

Servicio de Gastroenterología, Hospital Médica Sur, Mexico City, Mexico

*Corresponding author at: Hospital Médica Sur. Puente de Piedra 150-617, Tlalpan 14050. CDMX, Mexico. Tel.: +525554053072.
E-mail address: miguelvaldovinosd@gmail.com