



POSTER PRESENTATION

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A case of peripheral and eosinophilic esophagitis and food allergy after liver's transplantation in adult

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From one year of liver's transplantation and cyclosporin (CSA) maintenance treatment (100 mg a day), a 43 years old woman presented with abdominal pain and diarrhea immediately after eating milk and egg. She underwent the transplantation after an acute liver toxicity caused by isoniazid during tuberculosis treatment. Increasing hyper eosinophilia (40%) and eosinophilic esophagitis (EE) presented with food allergy. Total IgE were low (45UI).

Commercial skin prick test and prick by prick as specific IgEs detection (IMMUNOCAP) were positive for milk's proteins, egg, rice and wheat flour. Hyper eosinophilia persisted in spite of an elimination diet for the culprit allergens while the clinical symptoms of food allergy improved.

Other causes of hyper eosinophilia were excluded.

Interestingly only an inhaled fluticasone propionate treatment (FP, 250 mcg bid) for three months was followed by an outstanding reduction of EE and hyper eosinophilia (less than 1000/mm³ and <25%) without changing CSA dosage. Food allergy and hyper eosinophilia has been increasingly reported in children in the setting of liver transplantation during tacrolimus treatment. On the contrast reports in adults are very rare especially during CSA treatment. In our patient elimination diet wasn't followed by a reduction of hyper eosinophilia as generally occurs in pediatric cases. Our patient didn't present any allergy before the transplantation. No information was available on donor's known allergy.

Different mechanisms are supposed underlying the new onset of food allergy and hyper eosinophilia in liver's transplantation:

- An imbalance between Th1/Th2 cells or an increased enteric permeability.
- Immune effects of viral infections associated with the immunosuppressive state.
- Acquired food allergy and hyper eosinophilia due to a transfer of hepatic hematopoietic stem cells or active IGE from the donor's liver.

More studies are needed in a controlled setting to identify similar findings among liver transplants. Moreover in the pretransplant investigation should be included the allergic status both of the donor as the recipient.

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