Eosinophilic cholecystitis as a rare manifestation of visceral larva migrans

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Received: August 10, 2007 Revised: September 3, 2007

Abstract

Eosinophilic cholecystitis is an infrequent form of cholecystitis. The etiology of eosinophilic cholecystitis is still obscure, and it is sometimes accompanied with several complications, but a simultaneous onset with pericarditis is very rare. We would like to make an alternative interpretation of our recent report "Kaji K, Yoshiji H, Yoshikawa M, Yamazaki M, Ikenaka Y, Noguchi R, Sawai M, Ishikawa M, Mashitani T, Kitade M, Kawaratani H, Uemura M, Yamao J, Fujimoto M, Mitoro A, Toyohara M, Yoshida M, Fukui H. Eosinophilic cholecystitis along with pericarditis caused by *Ascaris lumbricoides*: A case report. World J Gastroenterol 2007; 13: 3760-3762."

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Key words: Cholecystitis; Visceral larva migrans; Parasite; *Ascaris suum*; *Toxocara canis*

Yoshiji H, Yoshikawa M, Kaji K, Fukui H. Eosinophilic cholecystitis as a rare manifestation of visceral larva migrans. World J Gastroenterol 2007; 13(45): 6119

<http://www.wjgnet.com/1007-9327/13/6119.asp>

TO THE EDITOR

Eosinophilic cholecystitis is an infrequent form of cholecystitis. The etiology of eosinophilic cholecystitis is still obscure, and it is sometimes accompanied by several complications, but a simultaneous onset with pericarditis is very rare^[1-3].

We would like to make an alternative interpretation of our recent report "Kaji K, Yoshiji H, Yoshikawa M, Yamazaki M, Ikenaka Y, Noguchi R, Sawai M, Ishikawa M, Mashitani T, Kitade M, Kawaratani H, Uemura M, Yamao J, Fujimoto M, Mitoro A, Toyohara M, Yoshida M, Fukui H. Eosinophilic cholecystitis along with pericarditis caused by *Ascaris lumbricoides*: A case report. World J Gastroenterol 2007; 13: 3760-3762." We reported that this rare clinical manifestation was caused by *Ascaris lumbricoides*. However, from the serological diagnosis, it was likely that these clinical symptoms were visceral larva migrans (VLM) caused by *Ascaris suum* or *Toxocara canis* rather than by *Ascaris lumbricoides*. While a definitive diagnosis of parasitic diseases is established after the detection of worms or eggs from the patient, the direct detection of the worm is quite rare. As we described in the report, we could not make a direct detection of the worm either. Generally, food-borne parasitic infection can be diagnosed based on the raw food intake history, laboratory data such as hypereosinophilia, and the presence of antibody against the parasite in the serum. Our patient revealed a higher titer of antibody against *Ascaris suum* and *Toxocara canis* by enzyme-linked immunosorbent assay by 150 and 100 fold as compared with the control serum. Nevertheless, we can not rule out the possibility that it is caused by *Ascaris lumbricoides*. *Ascaris lumbricoides* also could penetrate the gastrointestinal tract.

In conclusion, since the title was too high in our study, we had to consider other alternative possibilities of VLM caused by *Ascaris suum* or *Toxocara canis* as described above, and we believe that this letter would help make our previous report more easily understood and legible for the readers.

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S- Editor Liu Y L- Editor Ma JY E- Editor Li HY