

**Comment on:
Hypereosinophilic bronchiolitis
in ANCA-associated vasculitis:
where does it stand?**
by Sebastiani *et al.*

Sir,

We have read the article by Sebastiani *et al.* with great interest (1). In this comprehensive review, the authors have reported the patterns of lung involvement in ANCA-associated vasculitis (AAV), the interstitial lung disease (ILD) in AAV including treatment options. Additionally, they proposed ideas regarding the future perspectives for the treatment and management of AAV-ILD. However, in our point of view, there are some points which need clarification. Hypereosinophilic (obliterative) bronchiolitis is a relatively new defined syndrome in current literature. Because it is a rare condition, it may be underdiagnosed and managed as severe, treatment resistant asthma (2). It is defined as follows by Cordier *et al.* (3):

- a. blood eosinophil cell count >1000/mm³ and/or bronchoalveolar lavage eosinophil count > 25%;
- b. non-responsive airflow obstruction to high-dose inhaled bronchodilators and corticosteroids;
- c. eosinophilic bronchiolitis at biopsy and/or direct signs of bronchiolitis on computed tomography.

When we make PubMed search with the terms “hypereosinophilic obliterative bronchiolitis” or “hypereosinophilic bron-

chiolitis”, 4 case reports and 1 case series were found. There was no solid data supporting the association of “hypereosinophilic bronchiolitis” and AAV. Meanwhile, in the article by Sebastiani *et al.* hypereosinophilic bronchiolitis was defined as “a well-described pulmonary manifestation of eosinophilic granulomatosis polyangiitis”. Although eosinophilia in microscopic polyangiitis is not an expected finding, it is interesting that hypereosinophilic bronchiolitis is reported with a rate of 55% in their Table III. If the proposed frequency is true, we believe that “hypereosinophilic bronchiolitis” may be located in the Birmingham Vasculitis Score.

Some of the percentages of the variables in Table I and Table II are missing, for instance, percentage of “bone deformity” in Table I and “eosinophilic rhinitis”, “stenosis”, “hypereosinophilic bronchiolitis” in Table II.

Besides, the aspects that this review cover make this article one of the most comprehensive and currently updated literature reviews on pulmonary involvement of AAV and AAV-ILD

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