Reply to the comment on: Hypereosinophilic bronchiolitis in ANCA-associated vasculitis: where does it stand?

by Bilgin *et al*.

Sirs,

We thank Bilgin and colleagues for their interesting letter and for highlighting a mistake in our review (1).

Bronchiolitis is an inflammatory and potentially fibrosing condition affecting mainly the intralobular conducting and transitional small airways (2). Eosinophilic bronchiolitis was firstly reported by Takayanagi *et al*. in a non-asthmatic Japanese patient with a diffuse panbronchiolitis, who developed blood and alveolar eosinophilia (3).

More recently, Cordier *et al*. introduced the term "hypereosinophilic obliterative bronchiolitis" (HOB), defining a syndrome characterised by marked eosinophilia, persistent airflow obstruction and direct signs of bronchiolitis on high resolution computed tomography (4).

In a literature review published in 2015 by Tang *et al*., seven isolated case reports of eosinophilic bronchiolitis (EB) (3, 5-10) and one case series of HOB were described (5). Interestingly, all cases of EB were described in Japanese patients, suggesting possible racial and genetic association. Moreover, new cases of HOB have not been described after 2015, and only a new case of EB in patients with asthma has been reported (11). This observation confirms both the rarity of this condition and probably, the challenges in diagnosis and the lack of awareness of physicians for this condition.

In our review, we have described the possible association of HOB and eosinophilic granulomatosis with polyangiitis (EGPA), as previously reported by Cordier *et al*. (4). These two conditions can coexist or, in some cases, HOB might be diagnosed like a lung-limited EGPA.

We avoided to include a possible range of prevalence in Table II for HOB because of the few data available in literature.

Unfortunately, we reported in Table III a high prevalence of HOB in patients with micropolyangiitis (MPA), and we thank Bilgin *et al*. for reporting this mistake in our paper. As correctly reported by the colleagues, no data are available regarding the possible associations between HOB and MPA.

Considering the possible interest for this topic, future studies are needed to explore this very rare condition.

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