Eosinophilic digestive disease (EDD) includes a broad spectrum of clinical presentations due to eosinophilic inflammation involving anywhere from the esophagus to the rectum. The heterogeneity in the clinical presentations of EDD is determined by the site and depth of eosinophilic infiltration. The sites of inflammation determine the nomenclature for EDD. The most well characterized of these, eosinophilic esophagitis (EE), eosinophilic gastroenteritis (EG), and eosinophilic colitis or enterocolitis. While the depth of eosinophilic infiltration through the three main layers (mucosa, muscularis and serosa) determines the prominent clinical manifestation. The recent advances in gastrointestinal endoscopy and the increasing awareness and diagnosis of EDD, in my viewpoint, can be of help to add to our understanding of the heterogeneous clinical syndrome under the broad title bronchial asthma.

Here I present a multidisciplinary comparative analysis to prove that EDD and the allergic bronchial asthma can be regarded as two clinical expressions of one disease in two systems that are functionally different but anatomically and embryologically related.

Prevalence of fat-soluble vitamin deficiencies in children with cystic fibrosis

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AK Gupta, V Ng, J Garside. Paediatrics, Calderdale and Huddersfield NHS Trust, Halifax, UK

Background Malabsorption of fat-soluble vitamins is likely in most patients with cystic fibrosis, particularly those who are pancreatic insufficient. Low vitamin levels are associated with poorer clinical status, and reduced lung function. Since the introduction of improved pancreatic enzymes, normal to high fat diets and routine vitamin supplementation, clinical evidence of fat-soluble vitamin deficiency is rarely seen.

Aim To determine the prevalence of fat-soluble vitamin deficiencies in children with cystic fibrosis in Calderdale and Huddersfield NHS Trust.

Method Retrospective analysis of vitamin levels performed in children with cystic fibrosis in Calderdale and Huddersfield Trust over a period of six years. Data was available for 19 out of 22 children with cystic fibrosis. Results of plasma vitamin A, D (Total 25 OH Vit D) and E levels for these children were collected on a pre-designed proforma.

Results Vitamin A, D and E levels were checked for a total of 75, 75 and 76 times respectively over a period of six years. Vitamin E levels were normal. Vit A levels were subnormal on two occasions. However, Vitamin D levels were sub-optimal (< 60nmol/l) on forty occasions and amongst them levels were below 20 nmol/l on three occasions.

Conclusion Sub-optimal Vitamin D levels are still very common in children with cystic fibrosis despite routine vitamin supplementation.