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Correspondence

Coeliac disease and autoimmune hepatitis: Gluten-free diet can influence liver disease outcome

Dear Sir,

We read with great interest the paper of Mirzaagha et al. [1] regarding the correlation between coeliac disease (CD) and autoimmune liver disease (ALD). In their study, aimed at investigating the CD prevalence in 100 adult patients with ALD, a higher rate of CD was found in subjects with ALD (2–4%) as compared to the general population. In their conclusions, Mirzaagha et al. [1] highlighted the controversial effect of a gluten-free diet (GFD) in reversing ALD in subjects with CD.

We agree with the Authors [1] that the role of a gluten-free diet in CD patients in both reversing and developing ALD is still under debate [2]. In fact, in our recent study [3] carried out on a coeliac paediatric population with autoimmune hepatitis (AIH), we documented that a GFD alone was unable to reverse the hypertransaminasemia present in these patients. A possible explanation for the controversial role of a GFD could be related, in the case of the positive effect of a GFD, to the healing of the intestinal damage after a GFD, the normalization of intestinal permeability and the decreased exposure to triggers of autoimmunity; alternatively, a GFD is inefficacious when the autoimmune process is already fully developed (which could represent an irreversible condition) or in the case of a shared genetic susceptibility which is no longer modifiable by diet only [2].

However, in our experience with paediatric CD patients having autoimmune hepatitis treated with corticosteroids and a GFD, the remission rate of autoimmune hepatitis was high (100%), and the sustained clinical and biochemical remission during the prolonged (19 ± 9 months) follow-up without therapy was maintained in 86% of the patients. This remission rate was higher than that reported in other studies in patients with autoimmune hepatitis but without CD [4]; this observation highlights the possible role of a GFD in autoimmune hepatitis.

The immunosuppressive treatment could be enhanced by the protective effect of a GFD and by decreasing exposure to intestinal triggers of autoimmunity, although this hypothesis is still under debate [2].

Thus, AIH in a CD population undergoing immunosuppressive treatment shows a better response to the treatment with respect to patients with AIH alone, probably also due to the active effect of a gluten-free diet.

Conflict of interest statement
None declared.

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Nasogastric application of topical Ankaferd Blood Stopper for bleeding from primary esophageal adenocarcinoma in a child with disseminated intravascular coagulation

Dear Editor,

Neoplastic gastrointestinal (GI) bleeding, including esophageal haemorrhage, can cause significant morbidity and mortality in all ages, particularly in the presence of hereditary or acquired hemorrhagic diathesis. Many interventions such as surgery, radiotherapy, chemo-embolisation, heater-probe coagulation, epinephrine injection, laser coagulation, and sodium tetradecyl sulphate have all been tried to control bleeding with varying success rates [1,2]. All these anti-hemorrhagic measures require normal hemostasis to prevent further procedure-related bleeding and complications.

Ankaferd Blood Stopper (ABS) is a topical hemostatic agent of plant origin [1,3]. The use of topical ABS has been approved in Turkey for the management of dermal, external and post-dental surgical bleedings [3]. ABS-induced hemostasis constitutes the formation of a specific protein network that acts as an anchor for vital physiological erythrocyte aggregation, covering the classical cas-