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LETTER

Domestic Parasitic Infections in Patients with Asthma and Eosinophilia in Germany – Three Cases with Learnings in the Era of Anti-IL5 Treatments [Letter]

Muhammad Ifham Hanif[1], Bagus Muhammad Ihsan[2], Mentari Maratus Sholihah[3]

[1]Badau Primary Health Care, Kapuas Hulu, Indonesia; [2]Department of Medical Laboratory Technology, Poltekkes Kemenkes Pontianak, Pontianak, Indonesia; [3]Medical Faculty of Universitas Sebelas Maret, Dr. Moewardi Hospital, Surakarta, Central Java, Indonesia

Correspondence: Muhammad Ifham Hanif, Email muhammadifhamhanif@gmail.com

Dear editor

I am writing to express my appreciation for the insightful article, "Domestic Parasitic Infections in Patients with Asthma and Eosinophilia in Germany – Three Cases with Learnings in the Era of Anti-IL5 Treatments", recently published in Journal of Asthma and Allergy. The study sheds light on a critical aspect of intersection between asthma, eosinophilia, and parasitic infections, and I would like to commend the authors for their valuable contribution to the field.[1] Novel therapeutic methods for severe asthma, such as anti-IL5 treatments, have focused on eosinophils, which are typically linked to host defence against helminthic parasite infections.[2,3]

The strength of the article have three points. Clinical Relevance: The study addresses a clinically relevant issue concerning the potential impact of parasitic infections on patients with asthma and eosinophilia, an area that has been relatively underexplored. Case Diversity: The inclusion of three distinct cases provides a comprehensive perspective, illustrating different aspects of the relationship between parasitic infections and asthma in the context of anti-IL5 treatments. Awareness and Screening: The article successfully emphasizes the importance of screening for parasitic infections in cases of hypereosinophilia, extrapulmonary symptoms, or a history of stay in endemic regions, contributing to increased awareness among clinicians.

However, as a reader, I found that the study's scope appeared somewhat limited. While the three cases presented offer valuable insights, a broader sample size and diverse demographics could strengthen the generalizability of the findings. Additionally, further exploration into the potential variations in parasitic infections across regions in Germany might enhance the study's applicability on a national scale.

In light of these observations, I would be interested in recommendations for researchers, and future research in this area should consider expanding the study population to encompass a more diverse patient demographic. This could help uncover potential regional disparities in the prevalence of domestic parasitic infections among patients with asthma and eosinophilia. Moreover, a longitudinal study of the long-term effects of anti-IL5 treatments in patients with coexisting parasitic infections would provide a more comprehensive understanding of the safety and efficacy of such interventions.

In conclusion, I commend the authors for their insightful contribution to the understanding of domestic parasitic infections in the context of asthma and eosinophilia. I believe that further exploration and expansion of the study's scope will undoubtedly contribute to the advancement of knowledge in this critical field of respiratory medicine.

Ethical Approval

The research does not require ethical approval.

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Reference

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