

GASTROINTESTINAL MANIFESTATION AS A PRESENTATION OF HYPEREOSINOPHILIC SYNDROME

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UEG Week Copenhagen 2023

Poster

Colorectal

October 15, 2023

An 80-year-old woman with chronic respiratory conditions presented with severe diarrhea, weight loss, and marked peripheral eosinophilia, ultimately diagnosed with idiopathic hypereosinophilic syndrome with gastrointestinal involvement that responded to corticosteroid therapy.

KEY POINTS

- The patient presented with diarrhea exceeding 10 bowel movements daily, abdominal pain, 6 kg weight loss over one month, and peripheral eosinophilia of 10,400/mm³ eosinophils (51.4% of leukocytes).
- Rectosigmoidoscopy revealed colorectal mucosa with millimetric whitish dots, scattered erosions, and a 20 mm distal rectal ulcer; histology showed inflammatory changes with predominance of eosinophilic polymorphonuclear cells exceeding 50 per field.
- Extensive workup including viral serologies, autoimmune studies, stool microbiological and parasitological analyses, and chromosomal analysis were all negative, supporting a diagnosis of exclusion.
- Treatment with prednisolone 40 mg daily resulted in clinical and laboratory improvement with complete resolution of peripheral eosinophilia.
- This case illustrates gastrointestinal manifestations of idiopathic hypereosinophilic syndrome and would be relevant for clinicians evaluating patients with unexplained eosinophilia and gastrointestinal symptoms.

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