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Summary

EOSINOPHILIC GASTROINTESTINAL DISORDERS IN HYPEREOSINOPHILIC SYNDROME: A MULTIDISCIPLINARY CASE REPORT

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Oesophagus

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A 35-year-old woman with eosinophilia, ascites, and gastrointestinal symptoms was diagnosed with idiopathic hypereosinophilic syndrome with gastrointestinal involvement and responded rapidly to steroid therapy.

KEY POINTS

- The patient presented with vomiting, hyporexia, abdominal distension, worsening diarrhea, marked eosinophilia (8.00x10^9/L), and neutrophilic leukocytosis (20x10^9/L).
- Imaging revealed intra-abdominal ascites with jejunal thickening and intense PET uptake; paracentesis showed eosinophil-rich exudate negative for malignancy and infection.
- Enteroscopy with biopsies showed hyperemic jejunal mucosa and histology with focally greater than 30 intraepithelial eosinophils per 100 enterocytes, below the diagnostic threshold for primary eosinophilic gastroenteritis (greater than 50 per high-power field).
- Multidisciplinary evaluation led to diagnosis of idiopathic hypereosinophilic syndrome with gastrointestinal involvement; steroid therapy (1mg/kg) normalized eosinophils and improved symptoms within two days.
- The patient tapered steroids and transitioned to mepolizumab, with eosinophils at 0.09x10^3/µL at latest follow-up.

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