

EOSINOPHILIC ASCITES : ABOUT A RARE CLINICAL SITUATION

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UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

A 45-year-old man with eosinophilic ascites presented with 2-year history of abdominal pain and marked hypereosinophilia, responding to albendazole treatment with regression of symptoms and normalization of eosinophil count.

KEY POINTS

- The patient presented with generalized abdominal pain for 2 years, minimal ascites on examination, hypereosinophilia at $2480/\text{mm}^3$, and elevated total IgE at 125 U/ml.
- Abdominal CT showed minimal ascites with mesenteric fat infiltration and diffuse bowel wall thickening; laparoscopy revealed exudative ascites rich in eosinophils and bowel inflammation.
- Eosinophilic infiltration at 20 per HPF was found only at the colonic wall, with erythema noted in duodenum and recto-colic mucosa on endoscopy.
- Albendazole 400mg per day for 5 days resulted in regression of abdominal pain and decrease of blood eosinophils to $21/\text{mm}^3$.
- This case report would be of interest to gastroenterologists managing patients with unexplained eosinophilia and ascites.

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