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Summary

EOSINOPHILIC COLITIS: A RARE GASTROINTESTINAL CONDITION

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A case report describes the diagnosis and treatment of eosinophilic colitis in a 48-year-old man presenting with postprandial diarrhea and abdominal pain.

KEY POINTS

- Eosinophilic colitis is a rare diagnosis of exclusion in adults with pathogenesis not yet understood
- The patient presented with 3 months of loose stools 2-3 times daily after eating, cramping abdominal pain, and bloating, with elevated fecal calprotectin at 148 ug/ml and IgE at 183 IU/mL
- Gastroscopy revealed gastric antral erythema and duodenal erosions with increased lamina propria eosinophils on histopathology, while ileocolonoscopy showed normal mucosa but random biopsies confirmed increased eosinophils without IBD changes
- Treatment with PPI, montelukast, and budesonide 6 mg daily produced clinical response, with budesonide tapered to 3 mg then discontinued, achieving clinical remission at one-month telephone follow-up
- The authors note diagnosing and treating eosinophilic colitis remains challenging due to its rarity and absence of clear treatment guidelines

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