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Eosinophilic gastroenteritis associated with allergic asthma and atopic eczema

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Keywords

Abstract

a.

To the editor: Eosinophilic enteritis (EE) is a rare disease without any underlying primary etiology, which is characterized by eosinophilic inflammation of the bowel wall and various gastrointestinal manifestations.¹ The diagnosis of EE is confirmed by a characteristic biopsy and the absence of other known causes of eosinophilia.²

A 36-year-old male was admitted to our hospital with complaints of diarrhea, and abdominal pain for one month. In the history, he had been diagnosed with allergic asthma and atopic eczema before 15 years. He had been sensible against perfume and some chemical solutions such as cleansing agent. He was taking inhaler bronchodilators and steroid preparations for allergic asthma, and topical steroid preparations for skin lesions. On admission, physical examination revealed, multiple eczematous skin lesions on dorsal face of his hands and feet, neck and perianal region, and mild abdominal tenderness. Laboratory investigations were as follows: white blood cell count $6.4 \times 10^9/L$ with 57.9% neutrophils, 26.6% lymphocytes, 6.4% monocytes, and 8.5% eosinophils, hemoglobin 13.9 g/dl, biochemical tests and stool examination for ova and parasites, three times, were within normal ranges. On colonoscopic examination, whole colonic mucosa and terminal ileum mucosa were in normal appearance. Although any abnormality, multiple biopsies were obtained from different parts of colon and terminal ileum. Histopathologic examination revealed large amount of eosinophilic infiltration of lamina propria and eosinophilic attacked to crypts on biopsy specimens of terminal ileum (Figure 1). Normal colonic histopathologic findings were found. Thus we diagnosed with eosinophilic enteritis and started oral prednisolone^{0.5} mg/kg daily. His symptoms disappeared on 10th day. After remission, we gradually decreased and stopped prednisolone treatment. The patient has recently been in remission.

Eosinophilic gastrointestinal disorders (eosinophilic esophagitis, eosinophilic gastritis, eosinophilic gastroenteritis, EE and eosinophilic colitis) are rare diseases of unknown etiology, which is characterized by eosinophilic inflammation of the bowel and presence of gastrointestinal symptoms.^{1,2} Some studies reported that drug use, certain foods such as soy, milk, peanuts, corn, carrots, rye, wheat, white of the egg and chicken, environmental factors and immunologic abnormalities could cause eosinophilic gastroenteritis.³

The radiologic findings were not specific and the diagnosis is based on the endoscopic gastrointestinal biopsy. Endoscopy can reveal significant mucosal folds, nodularity, erythema, edema or normal in eosinophilic gastroenteritis. We can see mucosal ulceration in some cases with EE.⁴ Endoscopic biopsies may not demonstrate the eosinophilic infiltration due to its patchy mucosal involvement.⁵ In addition, it often fails to detect eosinophilic infiltration in the muscular or subserosal layer.²

In conclusion, EE is a rare entity that can be associated with allergic asthma and atopic eczema. Clinicians should be alert for eosinophilic gastrointestinal disorders in patients with allergic diseases having gastrointestinal symptoms.

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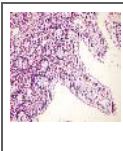
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 view in a new window	Figure 1. Histopathologic examination showing eosinophilic infiltration of lamina propria and crypts in the ileal mucosa (HE staining, original magnification x200).
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