



IMAGE OF THE MONTH

Eosinophilic gastroenteritis: One entity with different clinical manifestations[☆]

Gastroenteritis eosinofílica: una misma entidad con distintas presentaciones clínicas

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We present two cases of eosinophilic gastroenteritis with very different clinical manifestations.

Case 1: a 16-year-old female with a history of allergic asthma and atopic dermatitis. She was admitted with abdominal pain and anaemia and gastroscopy revealed a 2 cm deep gastric ulcer, which was biopsied. Tests were completed with ileocolonoscopy, which was normal, and serial biopsies were taken. The histological study showed severe chronic gastritis with increased eosinophils in the lamina propria (>20 per field) in the stomach and all parts of the colon (Fig. 1), compatible with gastritis and eosinophilic colitis, respectively.

Treatment was started with omeprazole 40 mg and budesonide 9 mg in a tapering regimen with resolution of symptoms.

Case 2: a 44-year-old female with no previous medical history admitted with diarrhoea, vomiting and abdominal

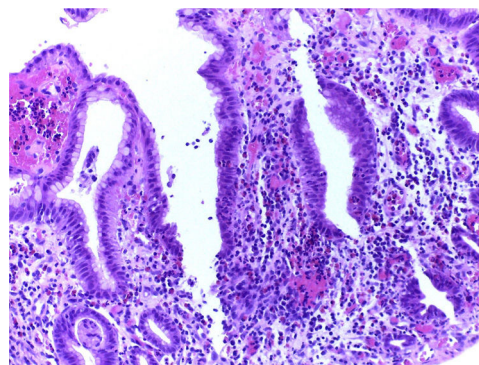


Figure 1 Histological study of gastric biopsy. There is an increase in eosinophilic inflammatory infiltrate in the lamina propria of the stomach wall with spread and infiltration of the gastric foveolar epithelium by eosinophils.

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distension. Blood tests detected eosinophilia of 44.1% with elevated IgE. Abdominal CT scan showed ascites and diffuse thickening of the bowel loops (Fig. 2). Analysis of ascites fluid showed 95% eosinophils. Antegrade enteroscopy was performed and was normal. More than 20 eosinophils per field were identified in jejunal biopsies, compatible with eosinophilic enteritis.

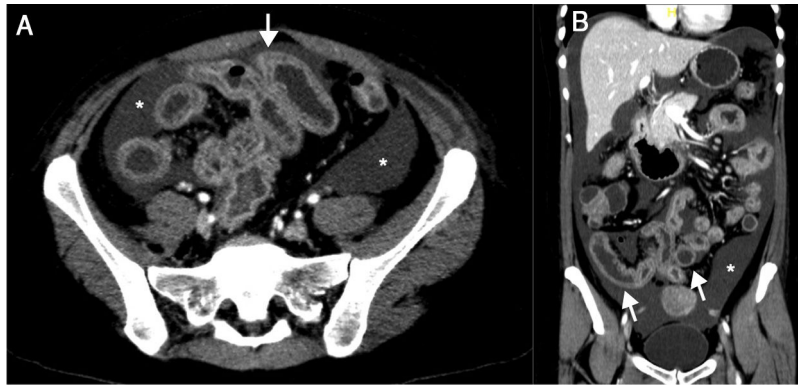


Figure 2 Abdominal CT scan. Diffuse thickening of the bowel loops (arrows) can be seen, as well as diffuse ascites (asterisks) in cross-sectional (A) and coronal (B) views.

Treatment was started with prednisone 60 mg/24 h in a tapering regimen with a good response.

Eosinophilic gastroenteritis is a rare disease with variable clinical presentation depending on the extent of the involvement. Symptoms include abdominal pain, diarrhoea, obstructive symptoms, signs of malabsorption and ascites. It is frequently associated with allergic disorders (asthma, eczema, food allergies, etc.). Demonstration of eosinophilic infiltration in the gastrointestinal tract is essential for diagnosis, as well as for ruling out other causes of eosinophilia.¹

Treatment consists of an elimination diet and corticosteroids.²

References

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