A Rare case of Eosinophilic Gastroenteritis

Dr.E.T.Susruth, Dr.Arathi Darshan

Here by presenting a case of 23 years old male who presented with complaints of recurrent episodes of vomiting, diarrhea and abdominal pains for last 2 years.

INTRODUCTION

Chronic diarrhoea in adults has an estimated 5% prevalence in the Western world, with a higher occurrence in developing countries. Common causes include irritable bowel syndrome, inflammatory bowel disease, and malabsorption syndromes due to chronic infections, which are more common in developing countries.

Eosinophilic gastroenteritis is a rare disease. EGE may vary by site of involvement (stomach, duodenum, jejunum) and the depth of involvement (mucosal, muscularis, or serosal disease), its manifestations are protean.

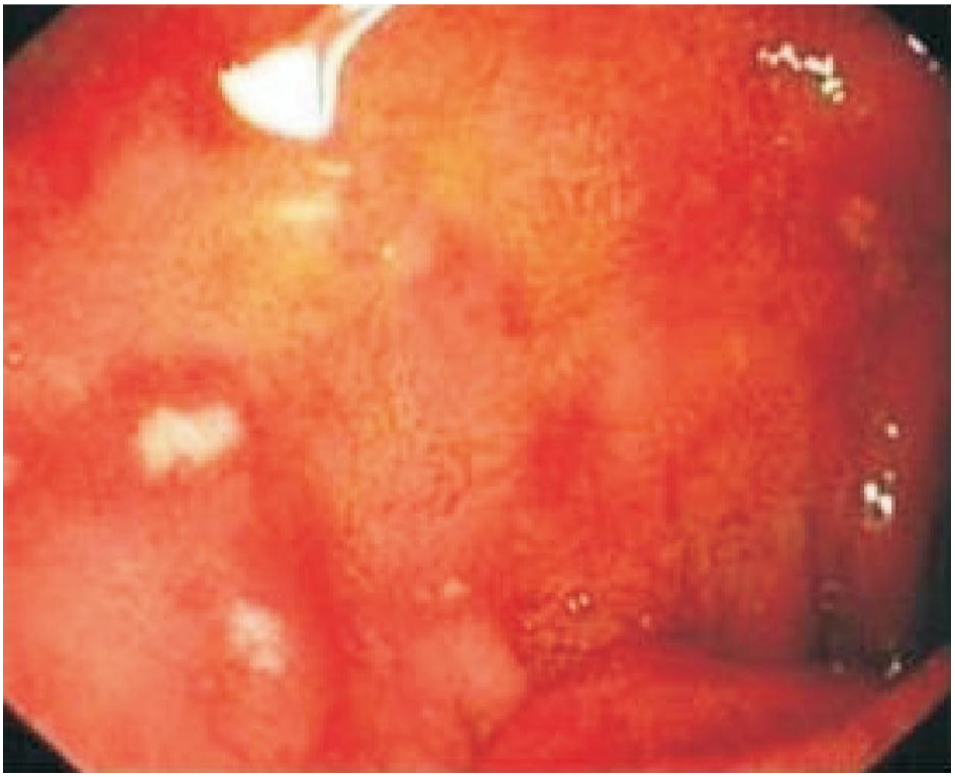
Case presentation:
23 years old male who presented with complaints of recurrent episodes of vomiting, diarrhea and abdominal pain for last 2 years. He claimed to have lost 10 kg weight in last one year.Vomiting were 2-3 episodes per day, contains food particles.The stools were watery having 6-7 episodes per day without blood or mucus. The stools were non foul-smelling.
History of past illness, medications, family illnesses was unremarkable. There were no addictions or drug abuse and negative history of food allergy.

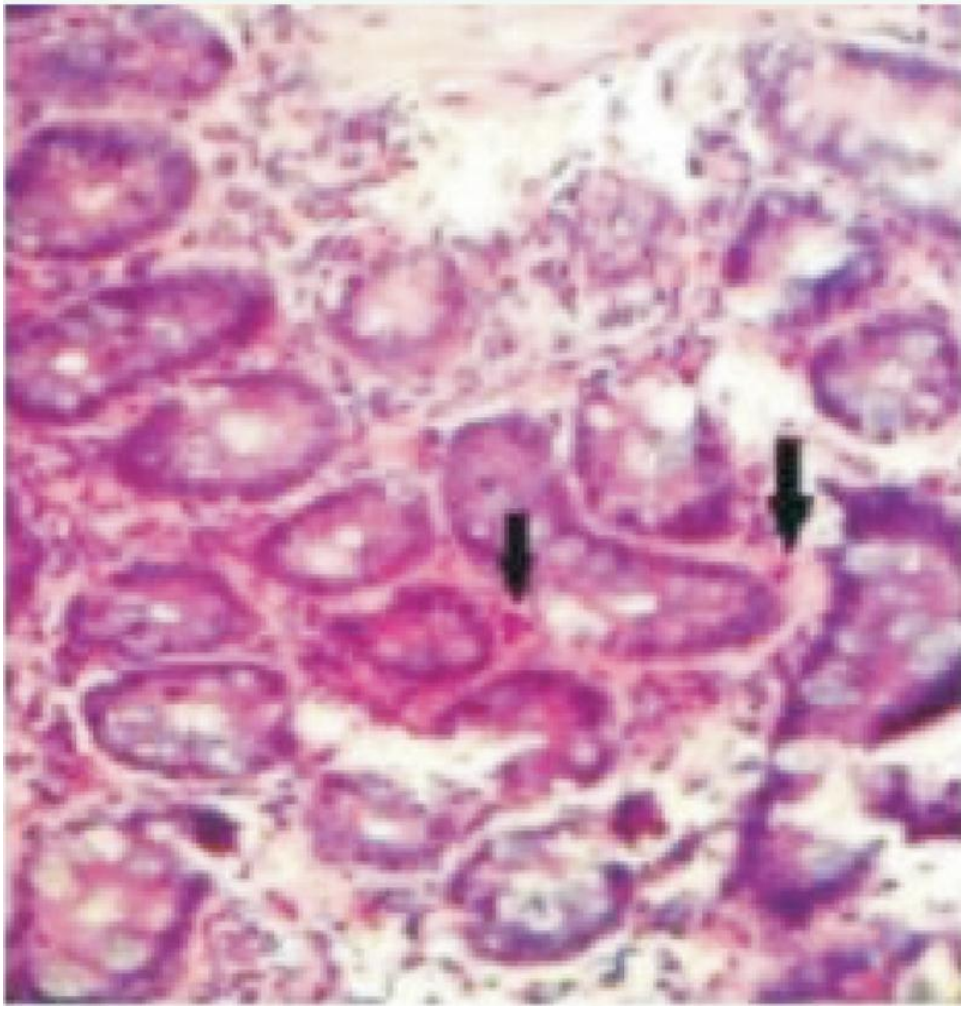
MATERIALS AND METHODS

General Physical Examination:
His weight is 36 kg.
PR: 80 bpm
Bp:100/70 mmHg
He did not have signs of multiple nutritional deficiencies.
Important negative signs were absence of lymphadenopathy, pedal edema, skin lesions, clubbing etc.

Systemic examination:
Mild diffuse tenderness in right iliac region, No ascites or organomegaly detected.
Rest of the examination was normal including per rectal examination.

Investigations:
CBC:
Hb:-14.1g/dl
TLC:-6800/cmm
Neutrophils -52%, Lymphocytes -28%, Monocytes-1%, Eosinophils -19%
Blood Glucose: 119mg/dl
Urea-30 mg/dl
Creatinine -0.8 mg/dl
S.Proteins -7.1g/dl
S.Albumin- 3.5g/dl
S.Globulin -4.0 g/dl
S.amylase – 92IU/L
S.Lipase-63IU/L
Total Bilirubin -0.7mg%
Direct bilirubin -0.4mg %
AST -15IU/L
ALT -28IU/L
ALP-106IU/L
GGT-48IU/L
PT INR -1.1
aPTT- 34.1sec
S.Electrolytes -Normal
Serology
HIV/HBsAg/HCV - Negative
Stool Routine-normal.
Stool culture and sensitivity -No organism grown.
CECT abdomen-Diffuse wall thickening of duodenum and jejunum without any obstructive changes
Upper GI Endoscopy- revealed Duodenitis and biopsy was taken.





Colonoscopy was done: Normal.
Biopsy of duodenum -Eosinophilic infiltration

FINAL DIAGNOSIS: He was diagnosed with Eosinophilic Gastroenteritis

TREATMENT GIVEN:
Inj. Metronidazole 500 mg every 8 hours
Inj.Ciprofloxacin 500 mg every 12 hours
Inj.Pantoprazole 40 mg once daily
Oral Medications:
Tab Racecadotril 100 mg BD
Tab.Vizilac TDS
Tab.Rifaximin 400 mg BD
Tab.Prednisolone: 60 mg OD for 2 weeks, then 40mg for 1 week then 20 mg for one week then 10 mg for one week and stopped.

DISCUSSION

Eosinophilic gastroenteritis is a rare disease. Approximately 400 cases of eosinophilic gastroenteritis (EGE) are described in the literature. The diagnosis is based on typical symptoms coupled with increased gastric or intestinal eosinophils, in the absence of other potential causes of GI eosinophilia.

There is no consensus on the requisite number of eosinophils needed for the diagnosis. Histopathologic features showing tissue eosinophils of 50 eos/hpf in the duodenum have been proposed for the diagnosis of eosinophilic duodenitis.
Eosinophilic gastroenteritis (EGE) is diagnosed by the presence of gastrointestinal symptoms, biopsies showing predominant eosinophilic infiltration, and the absence of allergic, parasitic, or other diseases that may cause eosinophilia.
EGE is a rare disease affecting approximately 22-28 per 100,000 persons.
EGE symptoms vary depending on the site of involvement (stomach, duodenum, jejunum) and the depth of involvement (mucosal, muscularis, or serosal disease).
Dietary therapy is effective in allergic EGE.
Systemic and topical corticosteroids are effective treatments for EGE, but they have long-term side effects.

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