

Primary eosinophilic colitis as an unusual cause of chronic diarrhea

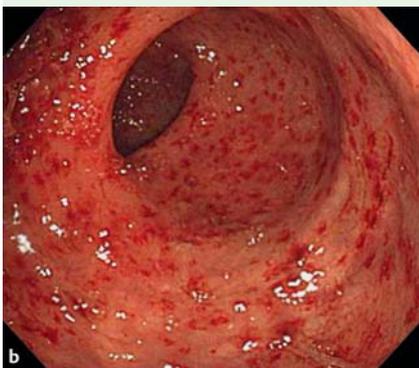


Fig. 1 Colonoscopy showing patchy subepithelial hemorrhages, friability, submucosal edema, and loss of vascularity in the transverse colon (a) and left colon (b).

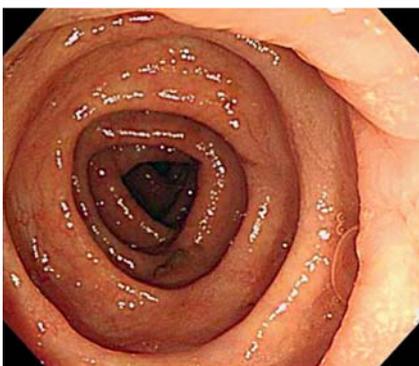


Fig. 3 Follow-up colonoscopy 2 months after admission, revealing markedly healed colonic mucosa.

A 50-year-old woman presented with a 1-year history of watery diarrhea and gradual weight loss. One week before admission, the frequency of watery diarrhea increased up to six times per day, accompanied by hematochezia and lower abdominal pain. The patient denied any prior history of systemic disease or medications. Laboratory evaluation revealed

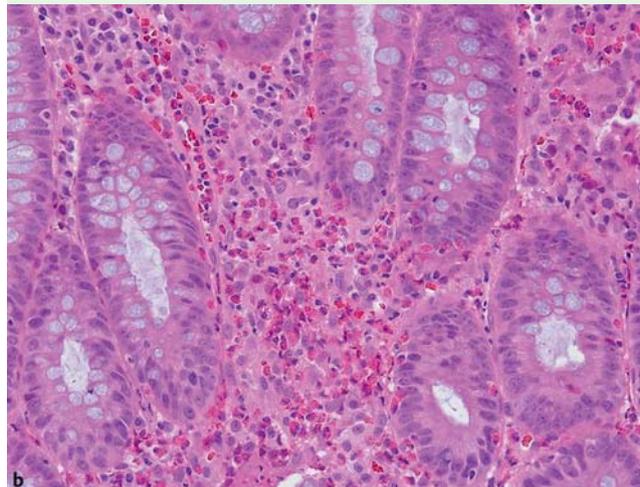
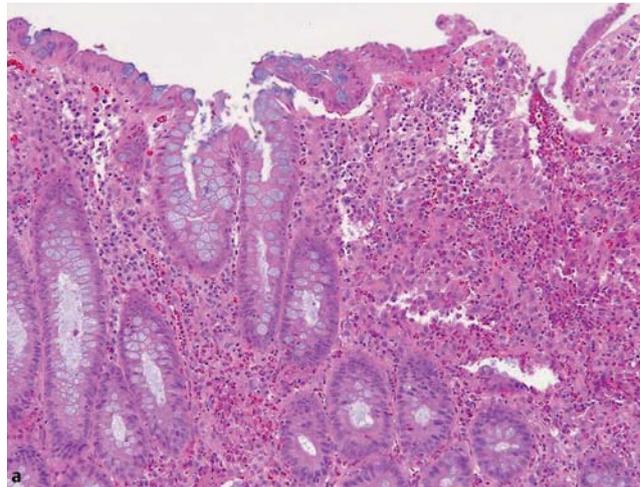


Fig. 2 Histopathological evaluation of biopsy specimens. **a** Surface ulcerations with active inflammation and heavy eosinophilic infiltration in the lamina propria (H&E, original magnification $\times 200$). **b** High-power view demonstrating lamina propria infiltrated with more than 30 eosinophils per high-power field (H&E, original magnification $\times 400$).

normal leukocyte count ($8.7 \times 10^9/L$ [normal $4.0\text{--}10.8 \times 10^9/L$]) with marked peripheral blood eosinophilia (15%). Multiple stool tests were negative for bacterial or parasitic infections, and no evidence of malignancy or other systemic disease was noted during the comprehensive work-up. Colonoscopy revealed patchy subepithelial hemorrhages, friability, submucosal edema, and loss of vascularity in the transverse colon and left colon (Fig. 1). Multiple biopsies were obtained throughout the involved colonic segments and normal-appearing colonic segments. They showed heavy infiltration of tissue eosinophils with more than 30 per high-power field in the lamina propria, highly suggestive of eosinophilic colitis (Fig. 2). The patient was diagnosed with primary eosinophilic colitis and was treated with oral prednisolone (1 mg/kg per day). Her symptoms

resolved greatly within 5 days and the blood eosinophil count normalized within 2 weeks. With improvement of symptoms, prednisolone treatment was tapered slowly over the next 3 months. Follow-up endoscopy 2 months later showed marked improvement of the colonic inflammation (Fig. 3). The patient has remained well without recurrence of symptoms during the 12 months of follow-up.

Eosinophilic colitis is an extremely rare form of primary eosinophilic gastrointestinal disorders in adults; not enough epidemiological data exist to establish its true frequency [1]. Diagnosis in older individuals is therefore very difficult unless clinical suspicion is high [2]. The present case suggests that early colonoscopy and multiple endoscopic biopsies can give the definitive clue to diagnosing and treating eosinophilic colitis in adult patients with chronic diarrhea.

Competing interests: None

Endoscopy_UCTN_Code_CCL_1AD_2AD

Endoscopy_UCTN_Code_CCL_1AD_2AJ

C. K. Lee¹, H. J. Kim²

¹ Division of Gastroenterology, Department of Internal Medicine, Soon Chun Hyang University College of Medicine, Cheonan Hospital, Cheonan, Korea

² Division of Gastroenterology, Department of Internal Medicine, Kyung Hee University School of Medicine, Seoul, Korea

References

- 1 Yan BM, Shaffer EA. Primary eosinophilic disorders of the gastrointestinal tract. *Gut* 2009; 58: 721–732
- 2 Fleischer DM, Atkins D. Evaluation of the patient with suspected eosinophilic gastrointestinal disease. *Immunol Allergy Clin North Am* 2009; 29: 53–63

Bibliography

DOI 10.1055/s-0029-1244167
Endoscopy 2010; 42: E279–E280
© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

Corresponding author

C. K. Lee, MD, PhD

Division of Gastroenterology
Department of Internal Medicine
Soon Chun Hyang University College of Medicine
Cheonan Hospital
23-20 Bongmyung-dong
Cheonan
Choongnam
330-721, Korea
Fax: +82-41-5745762
cklee92@paran.com