Gastric outlet obstruction due to gastroduodenal eosinophilic gastroenteritis

After exclusion of parasitic infestation by stool culture, and on the basis of the serological, radiological, and histological findings, we made a diagnosis of gastric outlet obstruction due to eosinophilic gastroenteritis with involvement of the serosal layer. The patient was treated with prednisone 1 mg/kg/day and pantoprazole 80 mg/day. Within 7 days of starting this treatment he showed dramatic clinical improvement, with rapid weight loss, disappearance of the ascites, and early restoration of oral feeding. The patient is now symptom-free (July 2006), and is still receiving treatment with pantoprazole 40 mg/day. The endoscopic, histological, and radiological examinations performed at this time showed that the previously affected areas in the stomach and duodenum were of normal appearance.

This is the first case report describing eosinophilic gastroenteritis with gastric outlet obstruction and ascites. This case shows that clinicians should be aware of this condition because it can mimic a wide variety of other intestinal diseases, and misdiagnosis could result in inappropriate therapy. Moreover, it confirms that endoscopic, histological, and radiological investigations are required to make the correct diagnosis in cases of gastric outlet obstruction.

References


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