Annals of Gastroenterology (2012) **25,** 164

Eosinophilic gastroenteritis associated with Churg-Strauss syndrome

Anastasios Avgerinos[a], Leonidas Bourikas[a], Maria Tzardi[b], Ioannis E. Koutroubakis[a]

University Hospital of Heraklion, Crete, Greece

A 27-year-old patient with Churg Strauss syndrome (CSS) and polyneuropathy diagnosed five years ago, was admitted to our department with chronic bloody diarrhea for one year and iron deficiency anemia (Hb: 6.3 g/dL, ferritin 2.5 ng/mL, ESR: 13, CRP: 0.33 mg/dL). Upper gastrointestinal (GI) endoscopy was negative but the biopsies demonstrated eosinophilic infiltration of the lamina propria particularly in the antrum of the stomach (Fig. 1A). Colonoscopy showed diffuse erythema and edema with petechiae and in addition histology demonstrated dilated vessels and infiltration by eosinophils of the lamina propria and the muscularis mucosa (Fig. 1B). The histologic findings were consistent with eosiniphilic gastroenteritis (EGE). The patient was treated with prednisolone (50 mg, gradually tapered) and methotrexate (15 mg/week/per os) with clinical remission during the 1-year follow up.

CSS or allergic granulomatous angiitis is a multisystem disorder that affects small- to medium-sized arteries or veins and it is usually characterized by asthma, paranasal sinusitis, peripheral blood eosinophilia, pulmonary infiltrates and multiplex mononeuritis or polyneuropathy. A few cases of EGE associated with CSS have been reported [1-3]. According to these reports EGE, characterized by diarrhea, abdominal pain, GI bleeding and colitis, constitutes a GI manifestation of CSS that may precede or coincide with the vasculitic phase of CSS [1-3]. These data including our above-reported case suggest that clinicians should be aware of primary EGE and include it in their differential diagnosis in the GI involvement of CSS.

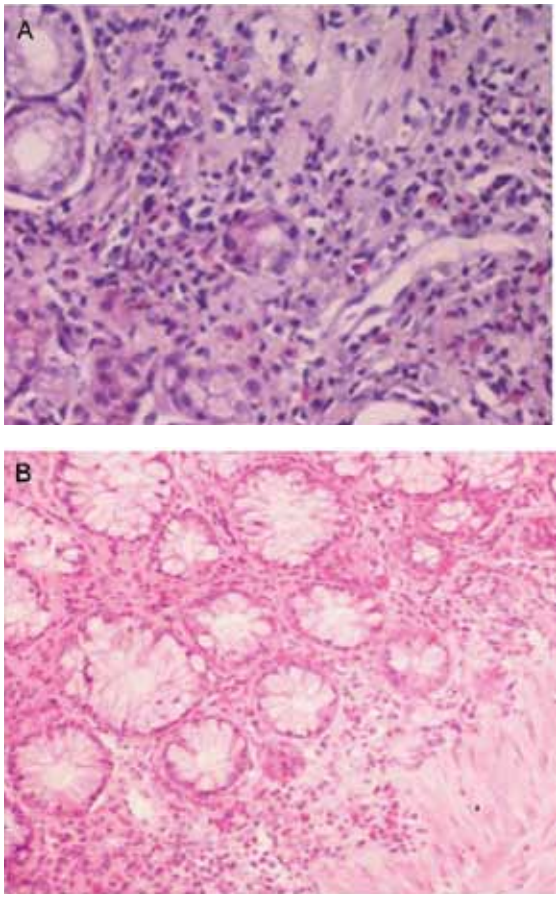

Figure 1 (A) Gastric mucosa with chronic inflammatory infiltration by large numbers of eosinophils (H&E, x200) (B) Colonic mucosa with chronic inflammatory infiltration by large numbers of eosinophils in the lamina propria and focally in the muscularis mucosa (H&E, x200)

References

1. Kobayashi Y, Yamashita K, Kita H, et al. A case of Churg-Strauss syndrome with eosinophilic gastroenteritis--the relationship with the timing of prescribing oral corticosteroid. *Arerugi* 2002;**51**:630-633.
2. Giouleme O, Tsiaousi E, Theodoridis A, et al. A case of Churg-Strauss syndrome revealed by eosinophilic gastroenteritis. *Dig Dis Sci* 2009;**54**:174-177.
3. Javelle E, Gasperini G, Mercier J, et al. A 78-year-old woman with an acute eosinophilic gastroenteritis. *Clin Res Hepatol Gastroenterol* 2011;**35**:755-758.

[a]Gastroenterology Department (Anastasios Avgerinos, Leonidas Bourikas, Ioannis E. Koutroubakis); [b]Pathology Department (Maria Tzardi), University Hospital of Heraklion, Crete, Greece

Conflict of Interest: None

Correspondence to: Ioannis E. Koutroubakis MD, PhD, Ass. Prof. of Medicine, Dept of Gastroenterology, University Hospital of Heraklion, P.O. BOX 1352, 711 10 Herakleion, Crete, Greece, Tel: +30 2810 392253, Fax: +30 2810 542085, e-mail: ikoutroub@med.uoc.gr

Received 14 December 2011; accepted 23 January 2012