

Eosinophilic Abscess of the Small Intestine in Treatment-Resistant Transmural Eosinophilic Gastroenteritis

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Abstract

In patients with treatment-resistant transmural eosinophilic gastroenteritis, a submucosal eosinophilic abscess may be an important pathologic finding.

Case Presentation

A 19-year-old woman was seen for a 10-month history of abdominal pain, nausea, vomiting, poor appetite, weight loss, unresponsive to oral cromolyn sodium, H₂ receptor blockers, and proton pump inhibitors, anticholinergics, and hyperalimentation. Endoscopic small bowel biopsy showed no evidence for *Campylobacter*, *Giardia*, Whipple's disease, granulomas, or malignancy. The peripheral eosinophil count was initially normal. The serology for parasites was negative. Bone marrow showed increased eosinophil numbers. The antrum of the stomach, duodenum, jejunum, and ileum was all normal in appearance. Small bowel x-ray showed a diffuse abnormality of the jejunum with an increased number of folds and a very slight increase in thickness. Because of eosinophilia (24%) and continued symptoms, she underwent laparotomy with resection of a 10 cm section of the small bowel, mesentery, and lymph nodes (Figure 1).

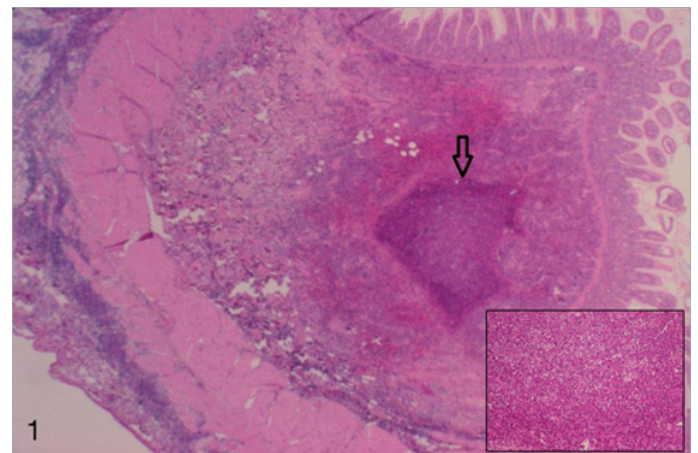


Figure 1: A large submucosal abscess, indicated by the arrow, is comprised of eosinophils (insert).

A dense submucosal eosinophilic abscess and full-thickness involvement by eosinophilic gastroenteritis (EGE) were found (Figure 2). Prednisone administration was not symptomatically effective.

She was then seen at our clinic, where CT scan of the abdomen/pelvis and proctologic exams were normal. Enteroclysis demonstrated some crowding of the folds in the jejunum. She returned home and was lost to follow-up.

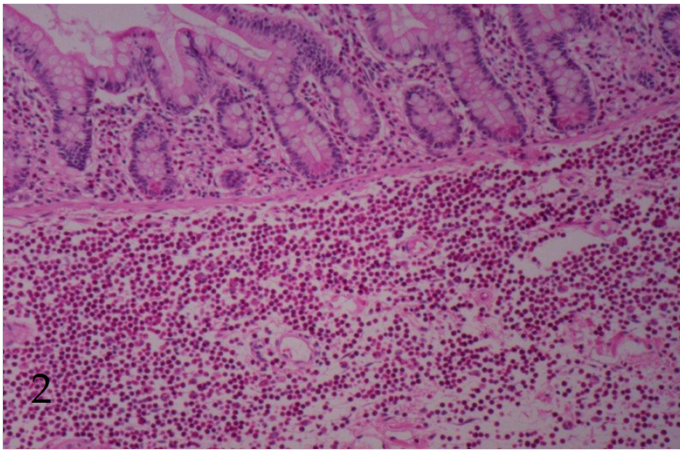


Figure 2: Diffuse transmural infiltration by eosinophils.

Comment

Eosinophilic abscess, not previously been reported in EGE, can accompany the resistant transmural disease [1,2].

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