Subserosal eosinophilic gastroenteritis – clinical imaging input

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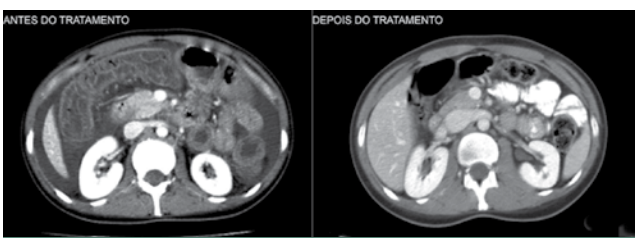
A woman aged 27 arrived at the hospital emergency department with abdominal pain in colic, predominantly in the sides, frequent dejection of soft feces, sensation of incomplete defecation and abdominal distension. Without appearance of acute disease, fever, weight loss or anorexia. She had been diagnosed with irritable bowel syndrome six years earlier. Objective examination suggested ascites confirmed by echography and CT scan which showed diffuse intestinal thickening *(Fig.1)*. She presented peripheral eosinophilia (>1500/µL) and in the ascitic fluid; total colonoscopy with normal mucosa as far as the ileum *(Fig.2)*.

The range of clinical symptoms that expressed digestive symptoms and systemic eosinophilia was clearly reduced in the presence of eosinophilic ascites. The normality of the colic mucosa in the endoscopy and the presence of exuberant thickening of the wall of the digestive tube in the CT scan are in accordance with infiltration of the subserosa, probably eosinophilic, in view of the cellularity of the peritoneal fluid (PF). Negative research of parasitosis and immunological markers of vasculitis. Combining these data, and given the good general state of the patient, laparoscopy and peritoneal biopsy were recommended, initiating Prednisolone, 40mg/day, with remission of the symptoms and radiological alterations at the end of one month *(Fig.1)*. The patient remained in follow-up for 4 years, suffering only 2 recurrences with response to short-term corticotherapy.



Intestinal thickening in abdominal CT before treatment. Normalization after treatment (image on the right).

FIG. 1

Normal terminal ileum in Colonoscopy.

FIG. 2

Eosinophilic gastroenteritis (GE) is a rare entity.[1] It mainly affects adults between the 3rd and 5th decades of life. The clinical expression includes, with variable prevalence, diarrhea and manifestations of poor absorption, intestinal occlusion or ascites.[2] This clinical spectrum is determined by the preferential location of the eosinophilic infiltrate in the thickness of the digestive tube.[3,4] In the subserosa infiltration, ascites is prevalent. The response to corticotherapy is favorable, but there are records of severe complications if its start is delayed. Abdominal CT scan with exuberance and peculiarity of its images may be a tool with high specificity in the diagnosis of subserosa EG, as well as cellularity of the PF. ■

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Received for publication on the 4th October 2010
Accepted for publication on the 18th September 2011

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