中文題目：嗜酸性肉芽腫性血管炎病患併血栓-病例報告

英文題目：Thromboembolism in a patient with eosinophilic granulomatosis with polyangiitis – a case report

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摘　　要：

Case Presentation

A 34-year-old man with history of asthma and atopy was admitted for abdominal pain caused by renal stone. During hospitalization, he developed progressive left calf pain, acute onset of chest pain, and dyspnea. The chest radiography revealed pleural effusion with progressed pneumonia. However the following imaging studies confirmed left iliac and femoral vein thrombosis and pulmonary thromboembolism over right middle lobe. The surveys for hypercoagulation states were all normal. He received anticoagulation therapy and was discharged. Two months later, he remained dyspneic and had increased amount of right pleural effusion. Chest computed tomography accidentally found ground-glass lesions in the right upper lobe. Laboratory tests showed hypereosinophilia (6,530/cumm) and elevated IgE (964 IU/mL). Thoracentesis revealed eosinophil-predominant exudate (cell count as 12,000/cumm with 66% eosinophils). Newly developed ecchymotic lesions over left foot and inguinal area were also noted. Warfarin was discontinued to prepare for bronchoscopic biopsy and skin biopsy. After the procedures, he complained of right leg painful swelling. We administered intravenous heparin for the recurrent deep vein thrombosis. He also complained of severe epigastragia. Abdominal megnetic resonance imaging showed multiple infarction with hematoma in liver. The pathology of skin biopsy confirmed the diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA), also known as Churg-Strauss syndrome. After treatment with corticosteroid and azathioprine, he recovered gradually.

Discussion

Venous thromboembolism had been reported in patients with EPGA and the prevalence was 8·1% in one review. Eosinophil factors such as major basic protein, eosinophilic cationic protein and eosinophil peroxidase with inhibitory effects on neutral anticoagulants contribute to occlusive event in venous systems. The antineutrophil cytoplasmic autoantibodies (ANCA) driven pathway also play a role in small vessels occulsion .Our patient experienced a recurrent severe thromboembolism after discontinued warfarin for skin biopsy. Bridging anticoagulation should be given because patients with EGPA had high frequency of venous thromboembolism. In conclusion, clinicians should be aware of sequential features of EGPA and great risk of venous thromboembolism in EGPA.