

中文題目：病例報告：嗜伊紅性腸炎

英文題目：Eosinophilic Colitis : A Case Report

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Background:

The eosinophilic colitis belongs to “eosinophilic gastrointestinal disorder”. Eosinophilic colitis is an inflammatory large intestine with eosinophilic infiltrations and eosinophilia with unknown cause. The etiology of eosinophilic colitis is still unclear. Due to clinical manifestations and elevated serum immunoglobulin E(IgE) levels, eosinophilic colitis may be caused by allergic reaction. This time, we presented a case with eosinophilic colitis.

Case report :

A 47 year-old woman with a history of hypothyroidism and hypertension presented to our emergency department with watery diarrhea for 2 weeks. She also had mild nausea and weakness. She denied other symptoms including abdominal pain, hematochezia, melena, palpitation, easily sweating or insomnia.

Physical examination revealed no abnormalities.

Lab data showed leukocytosis (17840/uL) with eosinophilia(46.2%) and elevated CRP(18.271 mg/dL). Stool routine showed no RBC nor WBC. Empirical antibiotic was given for suspecting infectious diarrhea, but the symptoms persisted. Follow-up lab showed still leukocytosis with eosinophilia, ANA(-),ANCA(-), normal C3, C4 levels(88.1 mg/dl and 29.7mg/dl), and high IgE level(1590 IU/ml). The stool exam for parasites reported negative finding.

The esophagogastroduodenoscopy reported negative finding. The colonoscopy revealed some inflammatory patches at ascending colon.

Random biopsy at stomach, duodenum and terminal ileum and target biopsy at ascending colon were performed. The pathology report of colon biopsy was eosinophilic colitis. Antibiotics was discontinued and oral steroid was prescribed. Clinical symptoms of diarrhea and eosinophilia improved after steroid therapy.

Discussion:

Eosinophilic colitis is a rare disease with unknown pathogenesis. Allergic component is favored due to clinical manifestation and elevated serum IgE level. This disease could affect patient in any age. We should take eosinophilic

colitis into consideration in a patient with nausea, vomiting, watery diarrhea with eosinophilia. The diagnosis of eosinophilic colitis should be based on eosinophilic infiltrations of GI tract biopsy and ruling out other causes of eosinophilia and eosinophilic infiltrations in GI tract. The allergic component should be surveyed. Oral steroid (eg, prednisone) could be prescribed for improvement of eosinophilic colitis. Oral steroid dose should be tapered gradually after symptoms and signs were improved.