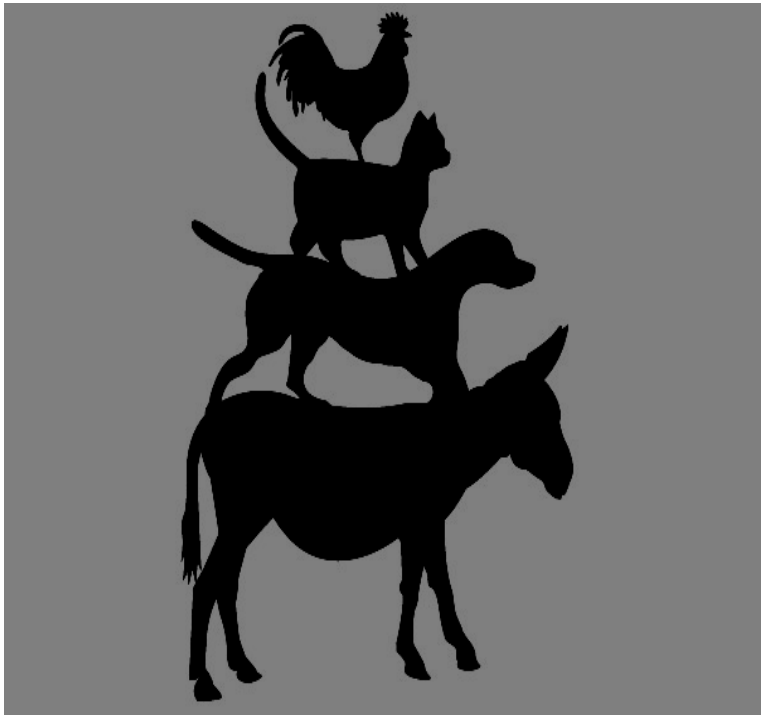
Patient case report



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ESIM 2016, Riga

Patient introduction

Mr. D., 80 years, male, caucasian

Weakness

- legs (3 weeks)
- arms (2 weeks)
- particularly right hand

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Past medical history:

Coronary artery disease
COPD
Nasal polyposis and recurrent rhinosinusitis
Herniated disc and discotomy in 2005
Lumbar spine syndrome

Patient introduction

Physical exam:
Paraparesis

Lab:

Eosinophilia (8500/µl, R 50-250/µl),
Hyper-ck-emia (350 U/l, R < 200 U/l) (CK-MB normal, Troponin I negative)
CRP 10 mg/dl (R < 0,8 mg/dl)
ESR 80 mm/h (R < 20 mm/h)

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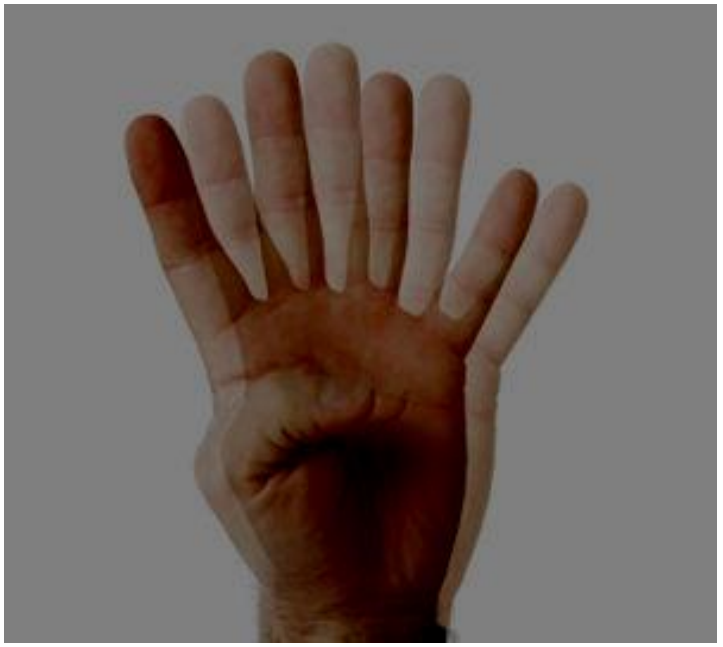
Exams

- **MRI lumbar spine**
  - Bone marrow signal changes suspicious for neoplasm
- cMRI
- **Neuro consult**
  - PNP
  - Myositis?
- CT thorax/abdomen, ultrasound abdomen
- Gastroscopy/colonoscopy in 2012
- **Bone marrow puncture**, FIP1L1-PDGFR mutation, IgE, tryptase

Course of events



Pathological findings

1. Paraparesis

2. Polyneuropathy, Mononeuritis multiplex (trochlear nerve)

3. Eosinophilia

4. Hyper- ck-emia

5. Bone marrow suspicious for neoplasm (MRI)

7. Bone marrow cytology: DD idiopathic hyper-eosinophilia-syndrome, autoimmunological process, paraneoplastic process

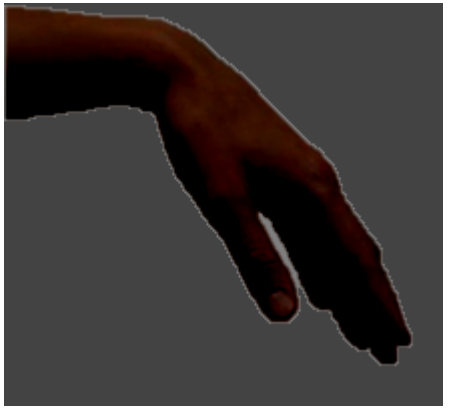
Course of events

DD idiopathic hypereosinophilia-syndrome dd autoimmunological process

> Prednisolon 80 mg/d

CRP, eosinophils decreased, ck-levels undulated

New:



Pathological findings

1. Paraparesis, brachial paresis on the right

2. Polyneuropathy, Mononeuritis multiplex (trochlear, radial, peroneal nerve)

3. Eosinophilia

4. Hyper- ck-emia

5. Bone marrow suspicious for neoplasm (MRI)

7. Bone marrow cytology: DD idiopathic hyper-eosinophilia-syndrome, autoimmunological process, paraneoplastic process

8. p-ANCA positive

Eosinophilic granulomatosis with polyangiitis (Churg-Strauss) (EGPA)

- Eosinophilia, p-ANCA-positive
- History of COPD as possible pulmonary involvement

  recurrent rhinosinusitis
- Polyneuropathy/mononeuritis multiplex
- Hyper-ck-emia dd in context of vasculitis of muscle arteries
    - DD simvastatin-induced
- Possible gastrointestinal involvement

Therapy

- Prednisolon 250 mg i.v. for 3 days, continued orally
- Cyclophosphamide remission induction therapy
    - CYCLOPS protocol
    - reduced aged-adapted dose of 10 mg/kg

- Physical and ergotherapy

- After remission induction MTX

Thank you