

## **Hypereosinophilic Syndrome**

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**Hypereosinophilic syndrome is a rare disease with variable outcome. It is usually a disease of young adults. Involvement of the heart and or lungs occurs in 40-60% of cases which can lead to severe heart and lung failure. Direct tissue eosinophilic infiltration and release of their toxic granules are the main underlying pathology. In this study, we report a young lady presented with a short history of fever, easy fatigability, weight loss and bilateral lung infiltrates. The diagnosis was consistent with Hypereosinophilic syndrome and despite treatment with pulses of intravenous Methylprednisolone, oral Prednisolone, Hydroxyurea and Imitinab Mesylate, the patient unfortunately died because of severe respiratory failure. The age group, striking eosinophilia and fulminant fatal course without neoplasia warranted reporting.**

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The commonest cause of eosinophilia is reactive mainly in response to infection, parasitic infestation, allergic diseases and non-haematological malignancy. Clonal causes of eosinophilia account for less than 1% and include acute and chronic eosinophilic leukemia, chronic myeloid leukemia, acute myeloid leukemia, chromosome 16 variants, 8p 11 myeloproliferative syndromes, T lymphoblastic lymphoma and others. Persistent blood eosinophilia greater than  $1.5 \times 10^9/L$  for 6 months or more with damage to end organs such as heart and lung and no ascertainable cause are the three defining criteria for hypereosinophilic syndrome (HES), as described by Hardy and Anderson in 1968<sup>1,9</sup>. It is usually a disease of young adults commonly affects persons aged 41-50 years with a higher incidence in men than women and whites than blacks. Its manifestations are protean. The significant cause of morbidity and mortality is the tissue damage either due to direct infiltration by eosinophils or secondary to thrombotic problems. Involvement of the heart occurs in 60% of cases in the form of endomyocardial fibrosis, myocarditis and restrictive cardiomyopathy. Pulmonary involvement occurs in 40-60% of cases commonly with chronic persistent dry cough and lung infiltrates. Herein we report a young lady with HES who had an unfavorable outcome.

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