Abstract

Chronic eosinophilic pneumonia (CEP) is a rare disorder of unknown aetiology characterized by striking systemic and pulmonary manifestations, peripheral blood eosinophilia, bronchoalveolar lavage fluid eosinophilia, characteristic pulmonary opacities on chest x-ray with pulmonary eosinophilic infiltrates in histopathology, with an excellent and prompt response to timely administration of systemic corticosteroid therapy.

We report a case of a 23 year old boy with high risk behaviours presented with progressive shortness of breathing with cough and significant constitutional symptoms along with fever for one month duration, initially drawn the attention to highly possible pulmonary tuberculosis and immunodeficiency related opportunistic infection, treated with multiple regimes, failing that, based on other laboratory and characteristic radiological findings ultimately diagnosed as having this rare, complex disorder, treated with systemic glucocorticoids to observe an excellent clinical response. Importantly his sequential radiological imaging showed the evidences more in favour of an organizing pneumonia. However, the other laboratory findings were not in keeping with the above diagnosis thus suggesting the possible overlap between the two, CEP complicated with secondary organizing pneumonia being more likely.

In conclusion, clinical suspicion, diagnostic evaluation and timely initiation of steroids are paramount in preventing the significant morbidity and chronicity of symptoms of this rare , complex disorder , but having an excellent prognosis if treated appropriately on time.