

ABSTRACT

Hypereosinophilic syndrome (HES) is a condition with a diverse clinical presentation and prognosis. Due to its rarity it is often under-recognized.

We present a 48 year old female patient who presented with eosinophilic pneumonia and bullous pemphigoid; a rare skin manifestation of HES. It was considered as primary HES after comprehensive evaluation excluded secondary causes. However, clinical picture and laboratory makers were inconclusive to categorize her as either myeloid or lymphoid HES. It was presumed to be of Lymphoid HES subtype since she responded well to a course of Cyclosporin A.

Due to heterogeneous clinical picture and multiple molecular and laboratory markers, evaluation of a patient with eosinophilia may be challenging, time consuming and costly. Expanding knowledge of disease endotyping and novel biomarkers has favorably modified diagnosis and management of HES.

Key words - Hypereosinophilic syndrome, bullous pemphigoid