

Abstract:

Eosinophilic granulomatosis with polyangiitis, formerly known as Churg-Strauss syndrome, belongs to a group of diseases characterized by necrotizing vasculitis of small and medium-sized systemic blood vessels [1]. Its classical pathological features are eosinophilic infiltration, necrotizing vasculitis of small- and medium-sized vessels and extravascular granuloma formation [2].

An elderly Sri Lankan male was diagnosed with eosinophilic granulomatosis with polyangiitis (EGPA), after suffering for one year with adult onset bronchial asthma which was difficult to control with optimal management. In spite of also having multiple other features of EGPA like bilateral upper and lower limb numbness and a history of previous mastoidectomy, and nasal polypectomy, there was a significant delay in diagnosing his condition due to a lack of attention to the broader picture of his presentation.

Once the confirmation of diagnosis of EGPA was reached with the help of the positive cytoplasmic antineutrophil cytoplasmic antibody (cANCA) profile, the patient was finally started with the appropriate treatment, only for him to succumb to his illness within six weeks of initiation of therapy.

Although EGPA is a condition that is not so common in Sri Lanka, it can often be missed very easily if the clinician is not alert to its various manifestations. Through this case report, we aim to demonstrate the importance of always being on the lookout for the possible unifying diagnosis when multiple problems crop up in the lifetime of a given patient.