Abstract

Eosinophilic granulomatosis with polyangitis (EGPA) is a condition with eosinophil rich necrotizing vasculitis which mainly affects the small to medium sized vessels. Patients often have asthma, chronic rhino sinusitis and peripheral blood eosinophilia. Apart from respiratory system it also affect skin causing vasculitic rash, cardiac involvement with heart failure/ pericarditis, peripheral neuropathy, glomerulonephritis etc. Anti MPO –ANCA (P-ANCA) is present in around 40% of patients. Diagnosis is based on American College of Rheumatology criteria. Mainstay of treatment is glucocorticoids.

Here I present a case of a 74 year old female with a long term history of mild bronchial asthma presented with prolonged fever for 4 months associated with dry cough and loss of weight. While investigating she was found to have persistent moderate peripheral eosinophilia (>10%) with transient lung parenchymal shadowing on 2 occasions, characteristic sural nerve biopsy finding of necrotizing eosinophilic vasculitis with extravascular eosinophils. So the diagnosis of Eosinophilic granulomatosis with polyangitis is comfortably made. And she was started on oral prednisolone 1mg/Kg/day dose for which she showed a dramatic response and improved well.