

## **Abstract**

Hypereosinophilic syndrome (HES) is a rare disorder with persistent hypereosinophilia (HE) mediated multi-organ damage that can result in morbidity and mortality. The clinical presentation may vary depending on the individual. This case scenario is regarding a patient who presented with a history of bloody diarrhoea and fever, whose initial clinical picture was suggestive of dysentery secondary to parasitic infection or inflammatory bowel disease. However, the initial investigations revealed him to have hypereosinophilia as an incidental finding. It was this discovery that changed the direction of differential diagnosis. Thus, subsequent differentials of hypereosinophilic syndrome with end-organ damage, eosinophilic gastroenteritis, and eosinophilic granulomatosis and polyangiitis were made. In the meantime, further investigations were conducted to identify the hypereosinophilia induced organ damage, which revealed evidence of myocardial injury. Surprisingly, the patient denied symptoms suggestive of either myocarditis or acute coronary syndrome. Although the patient was treated for acute coronary syndrome, coronary angiogram results were unremarkable, possibly due to myocardial infarction with nonobstructive coronary arteries (MINOCA). Unfortunately, either cardiac MRI or endomyocardial biopsy which is the gold standard test to diagnose cardiac damage could not be performed due to certain limitations and financial constraints. Consequently, the clinical findings and the investigations have led to the ultimate diagnosis of HES complicated with gastrointestinal and myocardial damage. Moreover, this case report further emphasizes the importance of initial commencement of eosinophil lowering therapy with systemic steroids in individuals with life-threatening HE mediated end-organ damage despite hindrance caused at the point of diagnostic aspect.