CASE REPORT

86. Early Recognition of Eosinophilic Granulomatosis with Polyangiitis (Churg-Strauss Syndrome): a Case Report of Successful Diagnosis and Treatment

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Background: EGPA is a rare, multi-system, autoimmune disease characterized by vasculitis along with asthma and elevated eosinophils in the blood and tissues, affecting 1 to 3 in 1 million people annually, primarily middle-aged population [1]. It is well known that a large proportion of EGPA patients have had asthma and/or have had or currently have nasal polyps [2]. EGPA is associated with increased mortality compared to the general population. Due to variable clinical presentations, diagnosis is often delayed, leading to various physical deficits and life-threatening conditions. Therefore, it is important to detect and treat the syndrome in a timely manner.

The Case: We present a case of successful diagnosis and treatment Churg-Strauss syndrome, emphasizing the importance of early recognition and intervention. A 56-year-old man with bronchial asthma and a history of sinus surgery presented with rhinitis, cough, low-grade fever, wrist pain and digital paresthesia. Initial imaging revealed sinusitis and right lung infiltrates and treatment for presumed pneumonia was started. During hospitalisation he developed anaemia, respiratory failure, haemoptysis, persistent inflammation and urinary problems. Further evaluation revealed a haemorrhagic rash, eosinophilic leukocytosis, haematuria, proteinuria and positive p-ANCA antibodies. Renal biopsy confirmed focal necrotizing and crescentic glomerulonephritis with eosinophilic infiltration consistent with EGPA. The patient's clinical condition improved rapidly with the introduction of high-dose methylprednisolone pulse therapy.

Conclusion: This case demonstrates the complexity of diagnosing EGPA, which can be diverse and similar to more common diseases such as asthma, sinusitis and pneumonia. A multidisciplinary approach, including histological confirmation, was necessary to establish an accurate diagnosis. Early recognition and prompt initiation of corticosteroid treatment led to favourable short-term outcomes. Given the risk of relapse and chronic organ damage, long-term follow-up and consideration of biological therapy are warranted to improve disease control and prognosis.

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