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A case report of idiopathic hypereosinophilic syndrome (HES) in a rheumatoid arthritis patient

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Hypereosinophilic syndrome (HES) is a disorder which is characterized by the persistence of eosinophilia that is associated with damage to multiple organs. Anderson is the first one who described peripheral eosinophilia with tissue damage in 1968. Chusid defined the three features required for diagnosis of hypereosinophilic syndrome in 1975. The features are sustained absolute eosinophil count (AEC) greater than >1500/µl which persists for longer than 6 months, No identifiable etiology for eosinophilia and Signs and symptoms of organ involvement. Secondary causes of eosinophilia became more identifiable in a proportion of cases that would have been classified as idiopathic hyper eosinophilic syndrome in the past due to advances in the diagnostic techniques.Secondary eosinophilia is a cytokine-derived (interleukin-5 [IL-5]) reactive phenomenon. Parasitic diseases are the most common cause, whereas in developed countries world widely, but allergic diseases are the most common cause in developed countries. There are other causes such as: Malignancies, Metastatic cancer, Tcell lymphoma, colon cancer, pulmonary eosinophilia, Loffler syndrome, Churg-Strauss syndrome, allergic bronchopulmonary aspergillosis, Connective tissue disorders – Scleroderma, polyarteritis nodosa, Skin diseases, Inflammatory bowel disease, Sarcoidosis and Addison disease. Clonal eosinophilia is diagnosed by bone marrow histology, cytogenetics, and molecular genetics. Like Acute leukemia.

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