European Respiratory Society Annual Congress 2013

Abstract Number: 4397

Publication Number: P2182

Abstract Group: 1.1. Clinical Problems

Keyword 1: Pneumonia Keyword 2: Treatments Keyword 3: Orphan disease

Title: Eosinophilic pneumoniae. Series of clinical cases

Dr. Marius 28239 Duna marius.duna@yahoo.com MD ¹, Dr. Alina 28240 Croitoru haulicaalina@yahoo.com MD ¹, Dr. Daniela 28241 Jipa dana_jip@yahoo.com MD ¹, Dr. Iulia 28242 Nicolescu Veselu yul120a@yahoo.com MD ¹, Dr. Claudia 28243 Toma claudiatoma@yahoo.co.uk MD ¹, Dr. Stefan 28250 Dumitrache-Rujinski srujinski@yahoo.com MD ¹, Dr. Ionela 28258 Belaconi onitza2000@yahoo.com MD ¹, Dr. Cornelia 28263 Tudose cornelia_tudose@yahoo.com MD ² and Prof. Dr Miron 28264 Bogdan miron.a.bogdan@gmail.com MD ¹. ¹ Pneumology Department, National Institute of Pneumology, Bucharest, Romania and ² Pneumology Department, Elias Emergency University Hospital, Bucharest, Romania .

Body: Background: Eosinophilic pneumonia represents a heterogeneous group of disorders with specific pulmonary symptoms, radiological abnormalities and inflammatory cell infiltration (with a large numbers of eosinophils) in the airways and lung parenchyma. Subjects and method: Retrospective analysis of 6 patients diagnosed in our clinic with eosinophilic pneumonia. A positive diagnosis was based on: compatible radiological appearance, peripheral eosinophilia and characteristic aspect of bronchoalveolar lavage (BAL). Results: Of the 6 patients, 4 were males and 2 females, aged 29 to 64 years. The patients had no previous significant pulmonary pathology before the diagnostic. The main symptoms on admission were: fever, cough, dyspnea and chest pain. Chest xRay revealed bilateral alveolar infiltrates in 4 patients and unilateral in 2 patients. The etiology was Toxocara infection in 3 cases, carbamazepin treatment in 1 case. In 2 cases no etiologic factor was found. All patients had significant blood eosinophilia (range from 843 to 20.000/mm) and in broncho-alveoar lavage: range from 13.8 to 77%. The patients with Toxocarosis received Albendazol; two of them receiving also oral corticotherapy. In the rest of patients, the resolution was signaled by stopping carbamazepin (1 cas) and spontaneous (2 cases). No relapses occurred in 6 months of follow-up. Conclusion: In our patients with eosinophilic pneumonia the outcome was favorable spontaneously or with specific therapy.