Churg-Strauss Syndrome with Endobronchial Eosinophilic Vasculitis

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A 60-year-old man with an eight-year history of bronchial asthma was admitted to our hospital complaining of a dry cough. The laboratory findings indicated the presence of blood eosinophilia (8,834/μL); however, the patient was negative for perinuclear antineutrophil cytoplasmic antibodies. High-resolution computed tomography revealed bilateral pleural effusions, diffuse ground glass opacity and bronchial wall thickening. The bronchoalveolar lavage fluid contained hemosiderin-laden macrophages with eosinophils (71%). The bronchoscopic findings revealed bronchial wall swelling and a number of tiny yellowish-white granules with irregular margins on the bifurcation of the left B4 and B5 bronchi (Picture A). The histological findings of a bronchial biopsy demonstrated the presence of eosinophilic vasculitis with erosions (Picture B). Mononeuritis multiplex and a decreased left ventricular ejection fraction caused by cardiomyopathy were observed. We diagnosed the patient with Churg-Strauss syndrome (CSS). The endobronchial lesions observed in patients with CSS have been reported to be granulomas or areas of necrotizing inflammation with eosinophils (1, 2). This is the first reported case of CSS with endobronchial eosinophilic vasculitis.

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References
