中文題目：不明原因發燒合併嗜酸性球增多，疑似嗜酸性肉芽腫多血管炎：案例報告

英文題目：A case of fever with eosinophilia, suspecting eosinophilic granulomatosis with polyangiitis: a case report

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Abstract

Eosinophilic granulomatosis with polyangiitis (EGPA) was known as Churg-Strauss syndrome before. The diseases were featured of asthma, chronic sinusitis and elevated eosinophil count. EGPA may affect many organs, especial lung and skin. The other organs which may be involved including heart, kidney, intestine and peripheral nerves. For the diagnosis of EGPA, the most commonly used criteria was issued by American College of Rheumatology (ACR) in 1990. We reported a case of suspecting EGPA. The 41-year-old male has past history of asthma and allergic rhinitis, presenting with fever, purpura, low back pain, left lower extremity pain and numbness initially. The laboratory data showed leukocytosis with high eosinophil count percentage (36%) and elevated C-reactive protein (69mg/L)(normal range: 0~5mg/L). Neither one of anti-neutrophil cytoplasmic antibody (c-ANCA and p-ANCA) were positive. The chest X-ray showed a small nodular opacity at the right lower lung. The nerve conduction velocity test revealed bilateral median neuropathy; bilateral S1 radiculopathy. We arranged skin biopsy and vasculitis was confirmed by the pathological report under the impression of leukocytoclastic vasculitis. After discussing with rheumatologist, we prescribed steroid with methylprednisolone 40mg/vial 1vial Q12H due to highly suspect EGPA. The fever subsided and the symptom of low back pain got improved gradually. Then he was discharged and regularly follows up at rheumatological outpatient department under oral steroid therapy.