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Scabies Induced Hypereosinophilic Syndrome After Allogeneic Stem Cell Transplant: Case Report

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INTRODUCTION

Hypereosinophilia (HE) is defined as absolute eosinophil count (AEC) >1500 cells/uL. Hypereosinophilic Syndromes (HES) are adisorders in which marked secondary HE are accounted for organ damage. Parasitic infections can cause HE but whether it can lead to HES is unknown. [1]

CASE

A 67 years old male allotransplanted for FLT-3(+) AML in fist hematological complete response (CR) was evaluated for recurrent eosinophil dominant pleural effusion (PE), which first appeared during AML induction treatment.

He complained of widespread itching one month after allotransplantation. On physical examination, scabies lesions (Fig. 1) were evident. Topical permethrin was administered.

Four months after allotransplant, AEC remained as high as 4500 cells/uL and pleural effusion persisted.

Comprehensive evaluation for secondary causes of HE were in conclusive. Since scabies lesions were still present, oral ivermectin was administered. AEC returned to normal 4 weeks after initiation of ivermectin. Regression was observed in pleural effusion
(Fig. 2).



Fig.1: This image shows scabies lesions on the upper body.

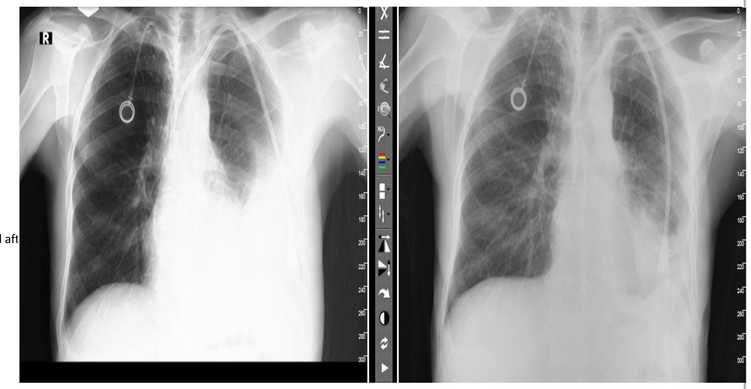


Fig.2: This image shows the severity of pleural effusion before and after treatment

CONCLUSIONS

The patient's refractory disease may be associated with immunosuppression. Eosinophil-dominated pleural effusion and
response to antiparasitic therapy may indicate organ involvement.
Scabies should be considered in the differential diagnosis of patients presenting with itchy crusty skin lesions especially in elderly patients with eosinophilia. Eosinophils can be toxic at high levels and cause HES, whatever the cause.

REFERENCES

1. Contemporary consensus proposal on criteria and classification of eosinophilic disorders and related syndromes. Valent P, Klion AD, Horny HP, Roufosse F, Gotlib J, Weller PF, Hellmann A, Metzgeroth G, Leiferman KM, Arock M, Butterfield JH, Sperr WR, Sotlar K, Vandenberghe P, Haferlach T, Simon HU, Reiter A, Gleich GJ J Allergy Clin Immunol. 2012;130(3):607. Epub 2012 Mar 28.

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