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Eosinophilia as trigger factor for vein thrombosis and pulmonary embolia

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Introduction: Pulmonary infiltrate and eosinophilia represent a heterogeneous group of diseases caused by extrinsic or intrinsic factors. We report the case of a 53 years old, male patient with pulmonary infiltrate and eosinophilia secondary to Toxocariasis infection who was diagnosed with deep vein thrombosis and pulmonary embolia one month later from the diagnosis of pneumonia. The further investigations demonstrated a hypercoagulable states.

Case Presentation: A 53 years old male came to my office for very intensive pain on the left posterior thorax which was increased by deeply breath in. Physical exam was in normal range, but chest computer tomography without contrast done in emergency showed pulmonary infiltrate at the base of the left lung with pleuritic reaction. Blood tests showed eosinophilia and inflammatory syndrome. Investigation for eosinophilia showed a positive Western blot test for *Toxocara canis* so the patient began the treatment with Albendazole three weeks with positive response. One month later patient visited us for a pain on the right calf .The ultrasound vein Doppler confirmed the diagnosis of deep vein thrombosis and the chest computer tomography with contrast substance described mild right pulmonary embolia. The patient started the anticoagulation treatment. The thrombophilia tests were done which were positive for MTHFR gene and PAI1 675.

Discussions: Helminthic infections are associated with eosinophilia. Our questions was is eosinophilia responsible for the patient thrombosis or was it only the trigger factor? .As two genetic tests for thrombophilia (MTHFR, PAI 1 675) were positive we considered deep vein thrombosis and pulmonary embolia in the context of hypercoagulable states.

Conclusion: This case highlights the implication of eosinophilia as trigger factor for vein thromboses and pulmonary embolia.