

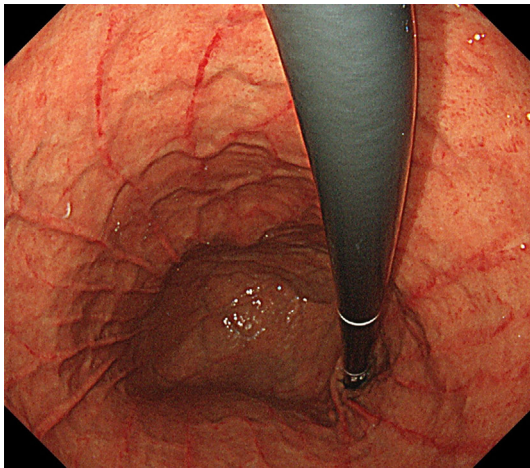
Eosinophilic Gastroenteritis Presenting with Red Streaking

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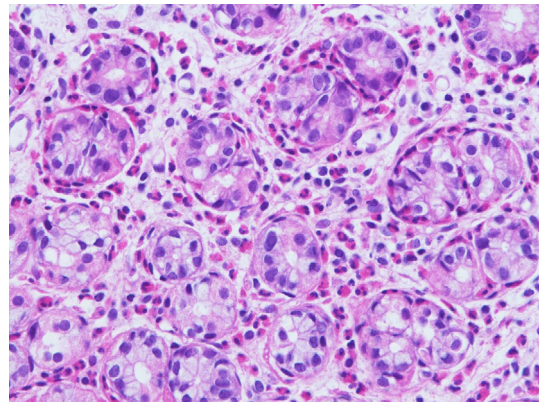
Key words: eosinophilic gastroenteritis, red streaking

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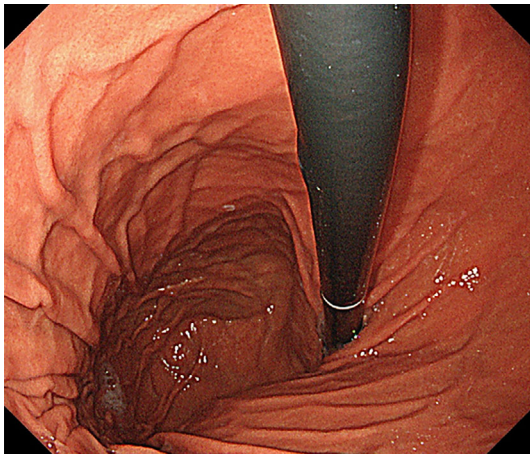
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Picture 1.



Picture 2.



Picture 3.

A 37-year-old woman presented to our hospital complaining of epigastric pain and diarrhea. A laboratory examination showed a high white blood cell count of 9,870/ μ L

(eosinophils, 37.8%). Esophagogastroduodenoscopy revealed edematous gastric mucosa and red streaking in the gastric corpus (Picture 1). There were no signs of atrophic change. Biopsy samples were obtained from the red streaking. Eosinophilic infiltration of more than 50 cells/high-power field was observed (Picture 2), and therefore she was diagnosed with eosinophilic gastroenteritis. The patient began taking oral prednisolone 40 mg/day, and her abdominal symptoms promptly improved. One month after the start of treatment, esophagogastroduodenoscopy revealed that the red streaking had faded completely (Picture 3), and no eosinophilic infiltration was recognized in a biopsy specimen taken from the area where the red streaking had originally been present. In addition, her white blood cell count decreased to 7,730/ μ L (eosinophils 0.5%).

Generally, eosinophilic gastroenteritis presents with mucosal edema, redness, and erosion, but there are no specific findings (1). The red streaking radiates over several red lines in the stomach. This streaking used to be considered a finding of superficial gastritis, and it has recently been considered a negative endoscopic sign for *Helicobacter pylori* infection (2). Red streaking appears to be one of the findings

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of eosinophilic gastritis, and we suggest that biopsy from red streaking is useful in the diagnosis of eosinophilic gastritis.

The authors state that they have no Conflict of Interest (COI).

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