A 50-year-old woman presented with a 1-year history of watery diarrhea and gradual weight loss. One week before admission, the frequency of watery diarrhea increased up to six times per day, accompanied by hematochezia and lower abdominal pain. The patient denied any prior history of systemic disease or medications. Laboratory evaluation revealed normal leukocyte count (8.7 × 10^9/L [normal 4.0–10.8 × 10^9/L]) with marked peripheral blood eosinophilia (15%). Multiple stool tests were negative for bacterial or parasitic infections, and no evidence of malignancy or other systemic disease was noted during the comprehensive work-up. Colonoscopy revealed patchy subepithelial hemorrhages, friability, submucosal edema, and loss of vascularity in the transverse colon (a) and left colon (b).

Follow-up colonoscopy 2 months after admission, revealing markedly healed colonic mucosa.

Fig. 1 Colonoscopy showing patchy subepithelial hemorrhages, friability, submucosal edema, and loss of vascularity in the transverse colon (a) and left colon (b).

Fig. 3 Follow-up colonoscopy 2 months after admission, revealing markedly healed colonic mucosa.

Fig. 2 Histopathological evaluation of biopsy specimens. a Surface ulcers with active inflammation and heavy eosinophilic infiltration in the lamina propria (H&E, original magnification × 200). b High-power view demonstrating lamina propria infiltrated with more than 30 eosinophils per high-power field (H&E, original magnification × 400).

Fig. 2 Histopathological evaluation of biopsy specimens. a Surface ulcers with active inflammation and heavy eosinophilic infiltration in the lamina propria (H&E, original magnification × 200). b High-power view demonstrating lamina propria infiltrated with more than 30 eosinophils per high-power field (H&E, original magnification × 400).

Normal eosinophilic colitis is extremely rare form of primary eosinophilic gastrointestinal disorders in adults; not enough epidemiological data exist to establish its true frequency [1]. Diagnosis in older individuals is therefore very difficult unless clinical suspicion is high [2]. The present case suggests that early colonoscopy and multiple endoscopic biopsies can give the definitive clue to diagnosing and treating eosinophilic colitis in adult patients with chronic diarrhea.

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