Eosinophilic gastroenteritis (EGE) is a rare condition of unknown etiology that is characterized by eosinophilic infiltration in the layers of the gastrointestinal tract [1]. It can affect any part of the gastrointestinal tract but most commonly affects the stomach [1, 2]. This report describes a rare case of EGE presenting as a perforated duodenal ulcer with subsequent duodenal stenosis.

A 26-year-old man was referred to us with duodenal obstruction following a laparotomy for a perforated duodenal ulcer. He had undergone repair of the ulcer and 2 weeks later had presented with vomiting and weight loss. Endoscopy showed gastritis and a duodenal ulcer with stenosis (Fig. 1). A barium meal showed narrowing at the first part of the duodenum (Fig. 2). He was given treatment for *Helicobacter pylori* and pantoprazole. A repeat endoscopy 2 months later showed a deformed pylorus, prepyloric nodular mucosa, and an almost circumferential duodenal ulcer with significant narrowing. Biopsies from the ulcer showed a marked eosinophilic infiltrate diagnostic of EGE (Fig. 3). He received prednisolone as a tapered course over 1 month and pantoprazole, after which, there was a marked improvement in his symptoms. A repeat endoscopy showed a healed duodenal ulcer and a postbulbar stricture (Fig. 4). Central radial expansion balloon dilation was performed. He received another course of steroids and 1 month later was well and gaining weight with no vomiting. Talley et al. suggested three diagnostic criteria for EGE: (i) gastrointestinal symptoms; (ii) demonstration of eosinophilic infiltration in the gastrointestinal tract, or presence of high eosinophil count in fluid; (iii) no evidence of parasitic or extraintestinal disease [3]. EGE has been classified, depending on the extent of bowel wall involvement, into mucosal, muscular, and serosal [1, 3]. In the past, peptic ulceration accounted for most cases of gastric outlet obstruction. Nowadays, other causes such as malignancy and EGE must be excluded.

EGE may also present acutely [4, 5] as was the case for our patient who presented with peritonitis secondary to a perforated peptic ulcer, with a subsequent stricture. 

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**Fig. 1** Esophagastroduodenoscopy showing gastritis and a duodenal ulcer with stenosis.

**Fig. 2** Barium meal showing a short segment of narrowing in the first part of the duodenum with peripheral ulceration suggesting chronic ulceration with secondary fibrotic changes and subsequent narrowing.

**Fig. 3** Biopsies from the duodenal ulcer showing a marked eosinophilic infiltrate, diagnostic of eosinophilic gastroenteritis (EGE).

**Fig. 4** Esophagastroduodenoscopy showing a healed duodenal ulcer and a postbulbar stenosis that was subsequently dilated.
that was presumed to be postsurgical but proved to be due to EGE. To the best of our knowledge, this is the first report of EGE presenting as a perforated duodenal ulcer.

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