ULB

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A foreign body in a wrist...

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CHU Saint-Pierre - Bruxelles

Mrs O.

65yo woman

Cameroonian origin

Lifestyle

- Smoking: No
- Alcohol: No
- Drugs: No

Medical history

- Pulmonary Tuberculosis (TBC) (treated) 2002

Gynecological history

- Endometriosis in 2000
- Uterine fibroid in 2007

Surgical history

- Total knee replacement in 2020

- **1st consultation**

--> General Practitioner (GP): Right wrist swelling and pain

Rx : **No recent bone lesions. Radiopaque formation (4 mm) near 1st metacarpal. Consider ultrasound.**

➢ Antibiotic treatment (Staphycid)

– **No improvement**

Mrs O. - 1sts consultations

- **2nd consultation – Internal medicine M1**

Clinic : wrist pain only. No abdominal pain, no cough, no diarrhea

Biology Results (test last year – normal)
Hypereosinophilia: 2600/µL – No other abnormalities. IgE +++

Stool analysis: Negative for protozoa and worms.

➢ Immuno-allergic context – follow-up with pulmonology and allergy specialist.

Mrs O.

Emergency M2

-*Clinic* : Right hand swelling and severe pain
No improvement with painkillers
-*Bio* : Hypereosinophilia: 2330/µL

➢ **Discharged home with anti-inflammatory meds**

Emergency - 3 days later

Pain increases

-*Ultrasound* : 2.7mm foreign body on lateral side of the flexor tendon of the index finger. Large collection around the tendon. Significant diffuse hand edema, induration, loss of sensation, and suspected compartment syndrome.

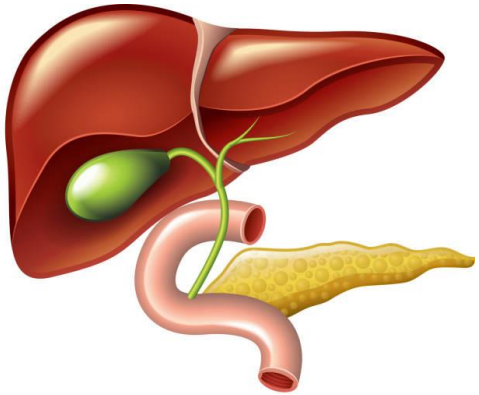
➢ **Surgical intervention** : incisions (carpal tunnel, next to flexor tendon).
No fluid found. No foreign body found.

Mrs O.

- **3rd consultation – Internal medicine M4**

-*Clinic* : Pain has decreased, occasionnal pain in the other arm. Pruritic skin eruptions

-*Biology :*
*Hypereosinophilia: 1830/µL
*Anti-M2 antibodies: 1/1280



- Referral to gastroenterology for autoimmune investigation regarding bile ducts and liver

Mrs O.

- **4th consultation – Gastro-enterology M4**

Good Anamnesis

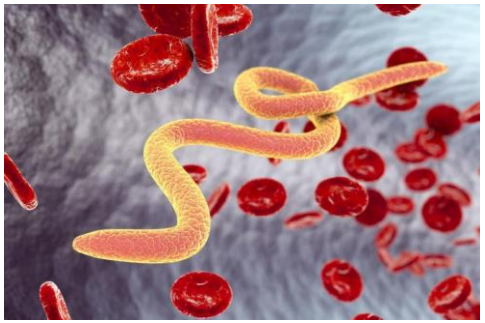
- Travel to Cameroon in 3 months before 1st consultation

-*Clinic* : Left hand swelling for 2 weeks (not only right) + Pain and swelling in the left foot at night

Ask for --

Biology with parasite serology

- Positive Ascaris serology
- Negative Loa-loa



- **Treatment :** Mebendazole 100mg, 1 tablet twice daily for 3 days

Questions

- Would you have treated the Ascaris infection ?

Or would you have conducted further investigations?

- Would you have considered a different treatment approach?

Mrs O.

Emergency M7

-complaints *:* jaw pain and facial swelling for 7 days

- still present on the right side of the face

-*Biology*: Eosinophilia: 1750/µL
Nothing else

- **Treatment:** Xyzall and Cataflam

Mrs O. - CHU Saint-Pierre

Post-Travel Clinic – M13

*Comes back from Cameroon (3 weeks)
Current status: No symptoms at the time of consultation

Summary: since 15 months

Pruritic skin eruptions
+
Migratory edema
+
Hypereosinophilia
+
Travel in Africa

"Calabar" edema

➢ **Loasis ?**

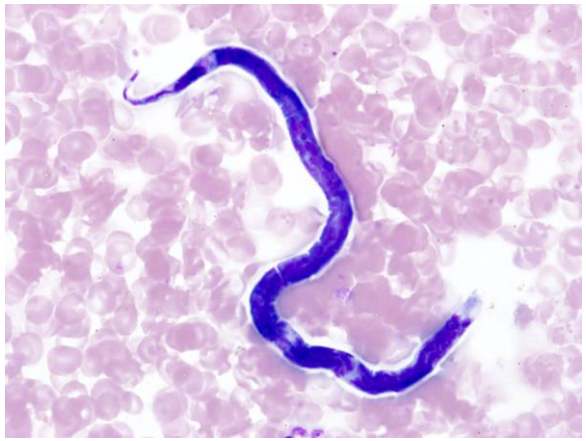
Biology

Mrs O. - CHU Saint-Pierre

Post-Travel Clinic – M13

Biology

- *Helminths serology :*
  - Filarial positive
  - Schistosoma IgG positive
  - Toxocara negative



- *Thick smear (day)* : negative
- *Eosinophilia:* 1490/µL

Ophthalmology (including slit lamp): normal exam

➢ **Hospitalization to start treatment**

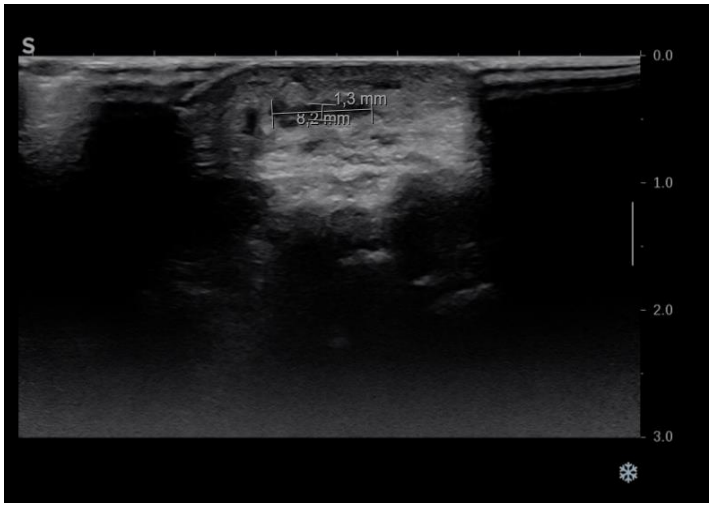
Mrs O. - CHU Saint-Pierre

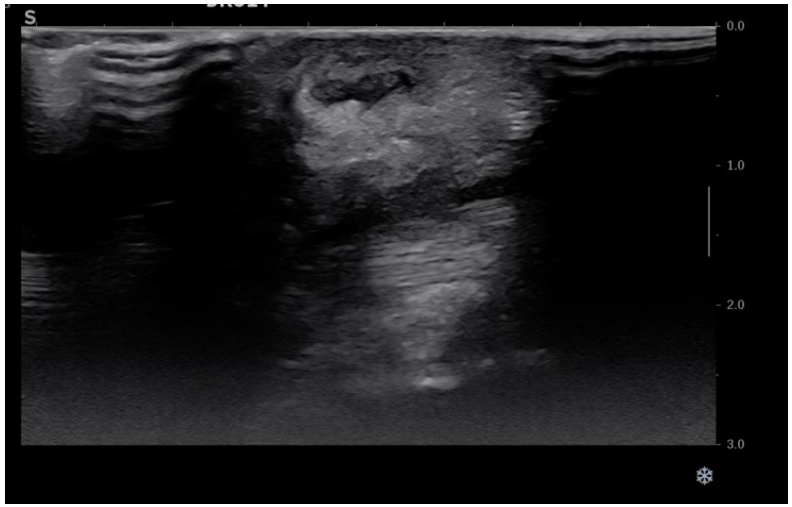
Hospitalization M14 - Treatment

-*Clinical Update* : New edema in right wrist with white spots

>Parasitemia: Negative

-Ultrasound : Subcutaneous infiltration at the right palm with a long, hypoechoic, non-mobile formation (8.2mm x 1.3mm) – possible filarial?





- **Diethylcarbamazine – progressive dose until 5mg/kg - 14 DAYS**

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M16 - End of treatment consultation

-*Clinical update:* No more edema, no more symptom

-*Biology*: No more eosinophilia

Mrs O.- Conclusion

- Mrs O : Loasis without ophtalmologic disease

Clinical presentation : migration Calabar edema, hypereosinophilia, positive serology.

Treatment with DEC

TAKE HOME MESSAGE

- Importance of medical history, recent travel
- Important to investigate hypereosinophilia (even in emergency dpt)

+ refer to travel clinic

- Importance of clinical correlation with blood test (false negative serology...)

Mrs O. - Discussion

- Would you have considered performing additional parasitological tests after the initial negative results, given the clinical symptoms?
- Would you have initiated treatment with diethylcarbamazine? What dose would you have chosen, and for how long?

Thank you!