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Tropical Eosinophylia*

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Tropical eosinophylia was first studied by F. Möller in 1940. Its general cognizance came in 1943 through the efforts of Weingarten.

At first some thought that tropical eosinophylia is a disease similar to tuberculosis and some others considered it to be the same as Leufler syndrome or filariasis. But however today we know it as an independent disease different from the above syndromes and also a similar disease described in Palestine.

Tropical eosinophylia has been observed in India, Ceylon, China, Egypt, Palestine, U.S.A. and recently in Australia and Korea. There are also reports concerning its occurrence in the other parts of the world.

However there has been no previous mention of this disease in Iran in the medical literature, and this may be the first of its kind.

CASE REPORT

A 25 years old man from Resht (Hossein Mohamad) was admitted to the Infectious Department of Pahlavi Hospital on July 11, 1956

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because of fever, cough and dyspnea without any sputum. The patient stated that the above symptoms were more severe at nights.

The *onset* of the illness, as he noted, was two months before admission with a common cold followed by a high temperature which subsided spontaneously. The symptoms were mild and did not prevent the patient attending his daily job. A particular symptom which we were reluctant to believe at first was, as described by the patient, a rapid loss of weight amounting to 13 kilograms during the first month of the illness.

Familial history: The patient is married, Mother, Sister, and Brothers were all healthy but the Father suffered from face eczema. The patient was addicted to smoking, drank occasionally, and denied any venereal diseases.

Present condition: A weak man with dark brown complexion, revealing the following signs and symptoms on the physical examination:

- 1- Lungs: in spite of a troublesome dyspnea and cough no marked physical signs could be discerned except for some bronchitic rales.
- 2- Cardio-vascular system: heart sounds were normal and blood pressure was 11/6.
- 3- Digestive system was normal, the abdominal examination revealed a palpable spleen and tenderness of the liver region.
- 4- Nervous system, urogenital and lymphatic system were all normal.

After an X-ray examination of the chest, and a blood count, tropical eosinophilia was suspected. On the basis of this diagnosis the following tests were carried out. And since the laboratory findings confirmed our diagnosis we announce for the first time in Iran a proven case of tropical eosinophilia.

1- Blood count (on admission date):

White cells	15800
Red cells	3 Millions
Segmented cells	10
Eosinophyles	82
Monocytes	7
Lymphocyte	1

2- Wasserman, Hecht, Kahn, and V.D.R.L. tests were negative.

3- Liver function tests: Vandenberg negative, bilirubin amount 4 mg. per lit.

Thymol test 8 units, cephalin cholestrol negative

4- X-ray of the lungs presented a normal view and repeated two weeks later was also normal.

5- Wright reaction was negative.

6- Widal reaction was negative.

7- Weinberg and Casoni tests were negative

8- Cold agglutination was positive.

9- Paul Bunel test was negative.

10- Compleat urine analysis, carried out twice, was normal.

11- Feaces examination presented trichomonas intestinalis.

12- Pancreatic secretion for searching parasite eggs was negative.

13- Sternal poncture:

Neutrophyl Myelocytes	11
Eosinophylia Myelocytes	18
Polynucl. eosinophyles	17
Leucoblaste	1
Monocytes	4
Lymphocytes	6
Mononucl.	3

In the red line:

Preerythroblastes	3
Basophyl erythroblastes	3
Acidophyl erythroblastes	22.

14- Biopsy of the muscles in view of the Trichinosis was negative.

15- Hemoglobin 80%.

Considering the above laboratory results we carried out several blood counts in the course of which the patient was hospitalized and the findings are as follows :

July 16,56 :

Eosinophyles	82
Segmented	10
Monocytes	7
Lymphocyte	1
red blood cells	3 millions.

July 21,56 :

Red cells	3.800.000
White cells	16000
Segmented	68
Eosinophyles	14
Mononucl.	7
Monocytes	1
Lymphocytes	10.

Juy1 26,56 :

Polynucl.	59
Monocytes	7
Lymphocytes	10
Monocyte	1
Eosinophyles	23.

Juy1 28,56 :

Red cells	3.800.000
White cells	17000
Eosinophyles	17
Monocytes	3
Lymphocytes	8
Segmented	72.

July 30,56 :

Polynucl.	18
Lymphocytes	4
Monocytes	11
Eosinophyles	67.

Aug. 1,56 :

Segmented	10
Eosinophyles	68
Mononucl.	8
Lymphocytes	14.

Aug. 2,56 :

Polynucl.	69
Lymphocytes	4
Monocytes	11
Mononucl.	8
Eosinophyles	8.

Aug. 4,56 :

Segmented	21
Eosinophyles	65
Lymphocytes	8
Monocytes	6.

Aug. 6,56 :

Segmented	9
Monocytes	9
Lymphocyte	1
Eosinophyles	81.

The blood count of the patient's father was as follows :

Red cells	3.400.000
White cells	4800
Segmented	59
Eosinophyles	2
Monocytes	17
Lymphocytes	22.

Fever curve: For two days the patient had a temperature of 38° centigr. which was followed by an apyrexia lasting 3 days and then the fever appeared again, occasionally as high as 40 centigr.

On Jun 29, 56 when the diagnosis was established the treatment, started with the Arsenical drugs (Neo salvarsan).

The first injection was 0. 30 gr. after which the fever disappeared.

The injection was repeated with 0. 45 gr. at 3 days interval. The doses of 0 45 gr. was repeated three times.

After this successful treatment the patient left the Hospital without any fever.

Eosinophilia rate from the date of discharge up to the present time varied as follows:

Aug. 21, 56	Eosinophilia rate was	32 o/o
Aug. 30, 56	> > >	28 o/o
Oct. 27, 56	> > >	10 o/o

and patient had gained 5 Kilogr. in weight.

Oct. 29, 56: Eosinophilia rate was 26 per cent.

Note: Liver biopsy: We did not performed in the above case because just recently we have observed some points about the value of this test and its special picture in the diagnosis of the Tropical Eosinophilia. (Lancet, Sept 7, 57)

SUMMARY

A case of Tropical Eosinophilia which seems to be an independent disease is described. The patient was admitted because of fever, loss of weight, and some respiratory disorders. The blood examination shows a high percentage of eosinophilia in several times. In this view other causes of the blood eosinophilia were eliminated by the laboratory tests. The patient was treated with arsenical drugs and treatment was successful.

RÉSUMÉ

Les auteurs ont rapporté un cas d'éosinophilie tropicale et ont considéré cette affection comme une maladie authentique.

Le malade a été hospitalisé pour la fièvre, l'amaigrissement, et quelques gênes d'ordre respiratoire.

Les examens répétés du sang ont montré un pourcentage très élevé des éosinophiles. Les autres causes d'éosinophilie sanguine ont été éliminées par de différents examens de laboratoire.

Le malade a été traité avec les médicaments à base arsénicale et cela avec un excellent succès thérapeutique.