DIAGNOSIS:
The term hypereosinophilic syndrome was first coined in 1968 to regroup patients with a number of closely related disorders all characterized by chronic increase in peripheral blood eosinophil levels and organ damage related to eosinophil infiltration [2]. Current definition of Idiopathic HES was proposed by Chusid in 1975 stating that eosinophilia > 1.5X10^9/L persisting at least for 6 months, for which no underlying cause can be found and is associated with signs of organ involvement and dysfunction [1].

DISCUSSION:
The term hypereosinophilic syndrome was first coined in 1968 to regroup patients with a number of closely related disorders all characterized by chronic increase in peripheral blood eosinophil levels and organ damage related to eosinophil infiltration [2]. Current definition of Idiopathic HES was proposed by Chusid in 1975 stating that eosinophilia > 1.5X10^9/L persisting at least for 6 months, for which no underlying cause can be found and is associated with signs of organ involvement and dysfunction [2-4]. In 2001, the WHO adopted a stepwise approach for categorizing eosinophilia into primary, secondary (reactive), and idiopathic [3]. HES is a rare entity, the true incidence of which is not known due to its overlapping features with chronic eosinophilic leukemia, not otherwise specified [1].

It is a rare entity, the true incidence of which is not known due to its overlapping features with chronic eosinophilic leukemia, not otherwise specified [1].

CASE REPORT:
A 45-year-old male, presented with symptoms of abdominal discomfort since 15 days. On examination there was pallor and hepatosplenomegaly. Routine hemogram showed eosinophilia. No history of parasitic infection, drug reaction or allergy was noted. Stool examination for parasite and other relevant investigations were unremarkable.

Hemogram done on day showed total count of 45X10^9/L, and absolute eosinophil count of 35.2X10^9/L respectively. Hemogram before 1 year showed total count of 52X10^9/L and absolute eosinophil count 23X10^9/L. The patient was hospitalized. Peripheral Smear showed hyposegmented eosinophil and eosinophilic myelocytes, and bone marrow aspiration revealed hypercellular marrow with increase number of eosinophilic precursor, without disproportionate increase in myeloblasts and normal erythropoiesis and megekaryocytepoiesis.

ABSTRACT
IDIOPATHIC HYPEREOSINOPHILIC SYNDROME is a rare hematological disorder with clinical heterogeneity. It is characterized by peripheral blood eosinophilia of unknown origin exceeding 1.5X10^9/L persisting at least for 6 months. We here in report a case of 45 yr old male who had abdominal discomfort and hepatosplenomegaly with hypereosinophilia with the absolute eosinophil count of 35.2X10^9/L and was diagnosed as a IHES based on clinical features and hematological findings.

KEYWORDS
Idiopathic Hypereosinophilic Syndrome

INTRODUCTION:
It is defined as eosinophilia > 1.5X10^9/L persisting at least for 6 months, for which no underlying cause can be found and is associated with signs of organ involvement and dysfunction [1].

Based on clinico-hematological findings, diagnosis of idiopathic hypereosinophilic syndrome was made and he was started on tapering dose of prednisolone for a period of one month. The patient has been asked to follow up after one month.

CONCLUSION:
IHES is a rare hematological disorder with clinical heterogeneity. It is characterized by peripheral blood eosinophilia of unknown origin exceeding 1.5X10^9/L persisting at least for 6 months. Present case was diagnosed as a IHES based on clinical features and hematological findings.

REFERENCES

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Figure A) Peripheral Smear: Hyposgamented eosinophils and eosinophilic myelocytes.

B) Bone marrow: Hypercellular marrow with increased eosinophil precursors
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