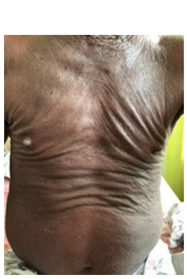
■ Sun-459 ■

Hypereosinophilic syndrome associated with Sézary syndrome

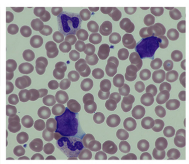
[1]한림대학교 동탄성심병원 내과, [2]한림대학교 동탄성심병원 진단검사의학과, [3]한림대학교 동탄성심병원 병리과

*심경아[1], 김병수[1], 백문성[1], 박소정[1], 현인규[1], 현정원[2], 김현철[3], 최정희[1]

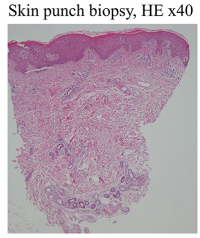
Introduction: The Sézary syndrome is a leukemic form of cutaneous T-cell lymphoma, defined by the presence of erythroderma covering at least 80% of the body-surface area, lymphadenopathy, and the presence of clonally related neoplastic T cells with cerebriform nuclei (Sézary cells) in the blood,skin, and lymph nodes. Sézary syndrome has been rarely reported in Korea. Hypereosinophilic syndrome (HES) may be caused by hematologic malignancy with clonal abnormality. Hypereosinophila is often associated with Sézary syndrome. However, hypereosinophilia in Sézary syndrome has not been reported in Korea. Here, we report a case with hypereosinophila, erythroderma, and cutaneous T cell lymphoma which finally diagnosed as Sézary syndrome. **Case:** A 75-year-old male was admitted because of persistent whole body erythroderma and pruritus for 6 months. He had asthma and chronic obstructive airway disease (COPD) with 60 pack-year smoking history. He had no history of skin diseases such as atopic dermatitis or psoriasis. Over the past 6 months, erythroderma, pruritus, general weakness and general weakness became more severe. Topical/oral glucocorticoids and antihistamines were ineffective. On examination, diffuse, scaly erythematuou rash, and generalized edema were observed throughout the body. There was wheezing sounds on chest auscultation. Complete blood cell count showed WBCs (23,100/mm^3), eosinophils (24%, 5,544/mm^3), and immature cells (6%). Blood levels of C-reactive protein (20.5 mg/dL) and total IgE (281) were elevated, and others were normal. Peripheral blood smear test showed neosinophilia and immature lymphoid cells (Sézary cells). The results of skin biopsy and bone marrow were consistent with cutaneous T-cell lymphoma (CD3+, CD4+, CD7-, CD8-). Taken together, he was diagnosed as hypereosinophila associated with Sézary syndrome which defined by erythroderma and cutaneous T-cell lymphoma.



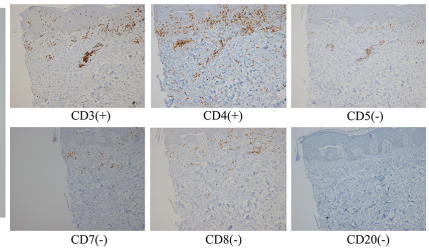
PB smear



Skin punch biopsy, HE x40



Skin punch biopsy, immunohistochemistry



■ Sun-460 ■

Food-dependent, exercise-induced anaphylaxis confirmed with alcohol challenge: A case report

[1]서울대학교 의과대학 내과학교실, [2]서울대학교 의학연구원 알레르기 및 임상면역연구소

*신수명[1], 정성원[1], 안경민[1], 박희선[1], 김영찬[1], 정수지[1], 강혜련[1,2]

Food dependent, exercise-induced anaphylaxis (FDEIA) is a systemic allergic reaction to food triggered physical exercise. Among various food which can cause FDEIA, wheat is the most common culprit food. Beside physical exercise, some drugs such as nonsteroidal anti-inflammatory drugs, alcohol, or atmospheric conditions can trigger the reactions in relation with food ingestion. Here we report a case of wheat dependent, exercise-induced anaphylaxis (WDEIA) in which alcohol ingestion in addition to food and exercise combination challenge succeeded to confirm the diagnosis of FDEIA. A 58-year-old-male presented to an allergy clinic with a history of urticaria, palpitation, and dyspnea which had been developed during walking after having pork fries and noodles for breakfast. Symptoms disappeared in 30 minutes without any treatment. He experienced a similar episode combined with hypotension which resolved with epinephrine injection. His total IgE antibody level was 123 kU/L and serum specific IgE levels measured by ImmunoCAP system showed positive levels in rTri a 19 Omega-5 gliadin, wheat, buckwheat and rye. Food challenge tests with bread were negative both with and without exercise. On re-evaluating his food ingestion, he stated that he overdrank the day before FDEIA developed. Another food and exercise challenge test was performed combined with alcohol ingestion and urticaria developed on his neck and back with a short walk after ingestion of alcohol following bread challenge. With 10 minutes of walking on a treadmill, his blood pressure dropped to 90/56 mmHg (baseline 130/71 mm.Hg) The patient was confirmed as FDEIA triggered by the combination of food, alcohol, and exercise and instructed to avoid wheat, especially with co-ingestion of alcohol and exercise and to bring an injectable epinephrine. **Keywords:** Anaphylaxis, food hypersensitivity, wheat hypersensitivity, alcohols, exercise

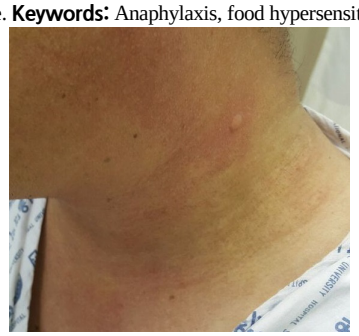


Table 1. Levels of allergen-specific IgE

Allergen	Specific IgE (kU/L)	
Wheat	0.86	Class 2
Gluten	0.38	Class 1
Omega-5 gliadin	8.92	Class 3
Buckwheat	<0.1	Class 0
Rye	1.52	Class 2
Pork	0.14	Class 0