A 73-year-old Japanese woman was admitted to the intensive care unit of our hospital with the diagnosis of eosinophilic pneumonia and congestive heart failure. Laboratory examination revealed a white blood cell count of 8100/mm³ with 49% eosinophils, 1568 IU/mL IgE, 467 IU/L lactate dehydrogenase with 40% lactate dehydrogenase-1, a brain natriuretic peptide level of 1223 pg/mL, and 23.5 U/mL myeloperoxidase anti-neutrophil cytoplasmic antibody. Chest x-ray demonstrated bilateral perihilar opacities. ECG showed normal sinus rhythm and QRS pattern in leads V₁ through V₅.

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Disclosures
None.
References


Figure 1. Transthoracic echocardiography demonstrated severe thickening and hyperkinesis of the posterior portion of the left ventricular (LV) wall during diastole (A, arrows) and systole (B, arrows), resulting in the Doppler-derived systolic pressure gradient across the LV outflow tract.

Figure 2. A. Gadolinium-enhanced cardiac magnetic resonance (GE-CMR) imaging reveals marked endocardial late gadolinium enhancement within the left ventricle (LV), indicating inflammation and fibrosis (arrow) and bleeding mass (open arrow) of the posterior LV subendomyocardial segment of low intensity confirmed by the biopsy specimen (Figure 3A). Significant mass was found in the posterior portion of the LV wall (arrowheads). B. Within 4 months of treatment, CMR demonstrated significant regression of myocardial thickening and improved midventricular obstruction, but the posterior portion of the LV wall was still hyperkinetic.

Figure 3. Histological findings of endomyocardial biopsied specimens. A. Marked endocardial fibrotic thickening (arrows) and subendocardial bleeding (Azan stain, encircled by black dotted lines). B. Prominent eosinophilic cell infiltrations with necrosis in the myocardium (hematoxylin and eosin stain, asterisks) on high magnification.
Biopsy-Proven Loeffler Endocarditis Successfully Treated With Steroids

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