

Guidelines for GP referral and further investigations of patients with persistent Eosinophilia

Eosinophilia



History/Examination in Primary Care:

- Detailed history and system review
- Detailed drug history (including dietary supplements and herbal remedies)
- Detailed travel history (particularly tropical, even in the remote past)
- Thorough physical examination

Investigations in Primary Care:

- FBC, Blood film
- Renal function, liver function, bone profile
- LDH, ESR, CRP, B12

Consider based on history:

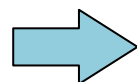
- Fresh stool M, C & S, consider further serological testing for parasitic infections, (consider discussing with microbiology/infectious diseases if significant travel history)
- Serology for HIV, Hep C, Hep B, CMV, parvovirus B19, HTLV-1
- Upper GI endoscopy
- Allergy testing, skin biopsy
- ANA/ANCA/dsDNA/RF/CCP

A normal eosinophil count is $0.02-0.5 \times 10^9/L$.

Patients who are otherwise well with mild to moderate eosinophilia (between $0.5-1.5 \times 10^9/L$) may not require further testing.

Persistent **unexplained** Eosinophil count $> 1.5 \times 10^9/L$ (> 3 months)

Consider referral if eosinophils > 0.5 but $< 1.5 \times 10^9/L$ if high suspicion of haematological disorder or if symptomatic; please discuss via 'Advice and Guidance' first



Refer to Haematology

Severe or life-threatening Eosinophilia with concern about end organ damage (any eosinophil count)



Discuss urgently with haematology on call

Eosinophilia may be due to:

- Skin rashes
- Allergic disorders (atopic dermatitis, asthma, seasonal allergic disorders e.g. rhinitis/hay fever)
- Infectious diseases (including Strongyloides, Hookworm, Filariasis, Toxocariasis, Trichinosis, Schistosomiasis, Invasive aspergillosis, Scabies)
- Vasculitides/rheumatological disorders (PAN, Churg Strauss syndrome, RA, SLE)
- Respiratory disease (Löffler disease, allergic bronchopulmonary aspergillosis, sarcoidosis)
- GI disorders (chronic pancreatitis, IBD, Coeliac), consider constitutional symptoms (weight loss, night sweats, fevers), detailed drug history (including dietary supplements and herbal remedies)
- Neoplasms
- Idiopathic hypereosinophilia, idiopathic hypereosinophilic syndrome