

## **CHURG-STRAUSS SYNDROME: A CASE REPORT**

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A fifty-year-old female presented with a one month history of progressive dyspnoea, productive cough, pain of elbows and knees and 40°C fever regardless of antibiotic pretreatment. She has been diagnosed of bronchial asthma over 25 years before admission, and oral and Dopot glucocorticosteroids as a long term therapy was applied. Recently an attempt of inhaled corticosteroids and LABA treatment was introduced with no success. Four years before admission she also developed peripheral neuropathy. Physical examination revealed tachypnoe, wheezes, rhonchi and wet crackles on auscultation, tachycardia, skin nodules, urticarial rash and necrotic bullae all over the body. Chest X-ray showed transient, patchy, nonsegmental areas of consolidation with predilection for lower zones with the area of consolidation in lower left zone. Obstruction was found on spirometry. Tachycardia on ECG and myocardial fluid on ECHO were also found. Lab exams revealed elevated CRP, WBC eosinophils and IgE levels. ANA and ANCA antibodies were not found. Patient was diagnosed of Churg ?Strauss Syndrome and initial treatment of Prednisone was introduced. After four days of treatment temperature normalized, and dyspnoea diminished. After one month of therapy skin lesions regressed. After 18 months of the treatment patient reports no signs, nor symptoms of the disease. Patient continues oral corticosteroid therapy.