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Title: Eosinophilic pneumonia – Our own experience with diagnosis and treatment

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Body: Eosinophilic pneumonia (EP) is a rare disease. Some EP could be caused by concomitant diseases (CD), while in others the cause is unclear (idiopathic). EP is divided into acute (AEP) and chronic (CEP) forms. The aim: The authors share their own experience with EP diagnosis and treatment. Methods: EP was diagnosed in 23 patients (pts). Clinical examination, X-ray, CT, laboratory examinations with a peripheral blood count of eosinophils (Eo), microbiology, mycobacteriology, fiberbronchoscopy or histology were used. The pts were divided into two groups: AEP and CEP. Statistical analysis was performed. Results: 15 F, median age 66 yrs (36-87) and 8 M, median 67 yrs (55-85) had one of the two forms: AEP in 7 pts and CEP in 16 pts. The main clinical symptoms were dyspnoea in 20 pts (95.2%), cough in 19 pts (90.5%), fever in 17 pts (80.9%), pain in 5 pts (23.8%). AEP or CEP was the result of CD in 3 pts (toxoplasmosis), in 1 pt. with sarcoidosis, rhinitis and in 2 with allergic bronchopulmonary aspergillosis. In 17 pts no CD was identified. A statistical significance was found between the age of pts with AEP (56 ± 12.2) and CEP (67.8 ± 12.9) ($p < 0.05$). There were no statistically significant differences between the absolute Eo count in M (614.8 ± 279.3) and F (709.3 ± 811.3) and in the groups of AEP (860.7 ± 976.7) and CEP (579.6 ± 429.3). 11 pts have been continually treated with corticosteroids, 8 pts temporarily. The longest treated patient has been receiving corticosteroid for more than 13 yrs. Conclusions: EP is a very interesting disease. Treatment with antibiotics is unsuccessful, but corticosteroid treatment leads to a dramatic improvement. Dividing EP into AEP and CEP is not so clear cut.