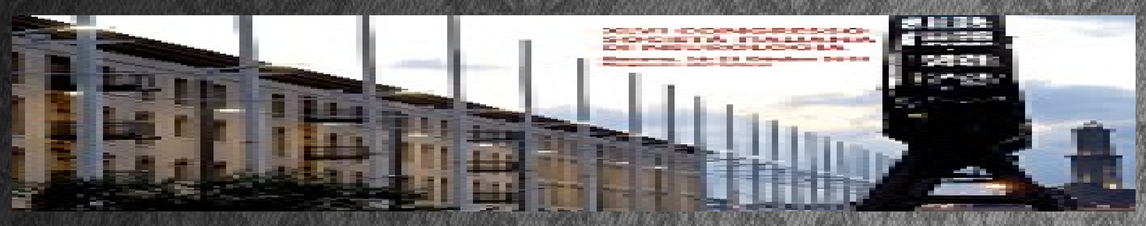

EOSINOPHILIC GASTRITIS IN A PATIENT WITH MULTIPLE SCLEROSIS AND CELIAC DISEASE TREATED WITH DIMETHYL FUMARATE.

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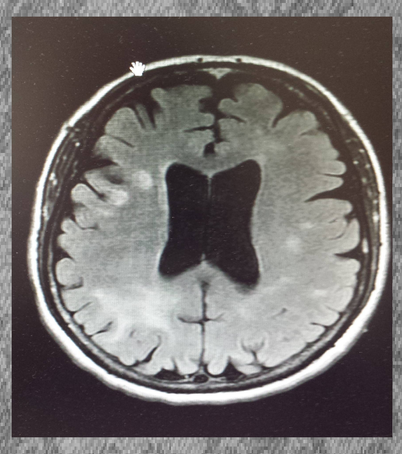
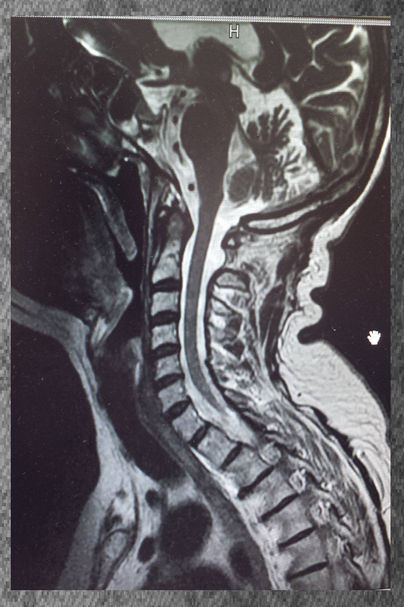
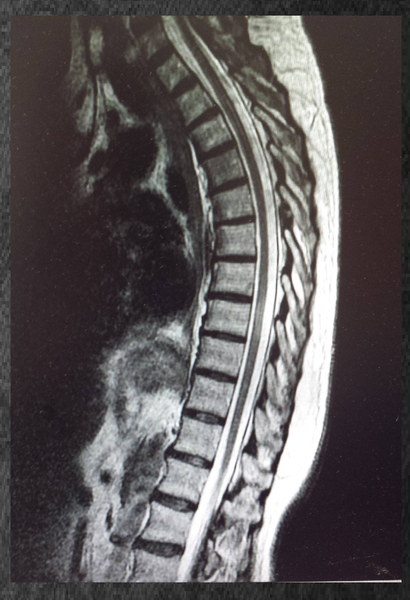
Objectives:

a woman of 58 years with clinical history of migraine and of celiac disease and recent diagnosis of multiple sclerosis, who presented eosinophilic gastritis during oral therapy with dimethyl fumarate

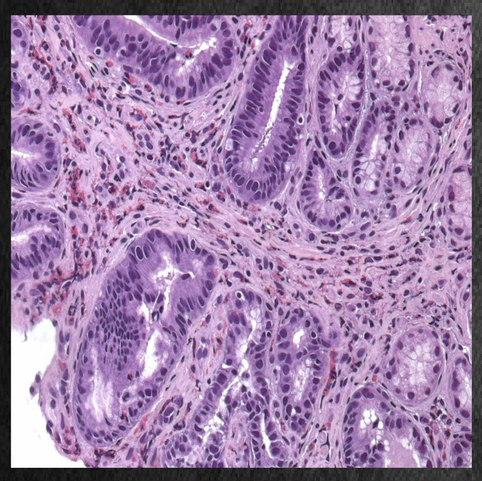






Materials and methods:

The patient initiated dimethyl fumarate in June 2014, beginning with the titration, as required by the data sheet. After two weeks of treatment, the patient complained of nausea, vomiting, diarrhea, chest and abdominal (mainly epigastric) pain and hypotension, all more intense and prolonged than expected. The patient underwent cardiological and gastroenterological evaluations, routine blood tests including cardiac enzymes, lipase, amylase



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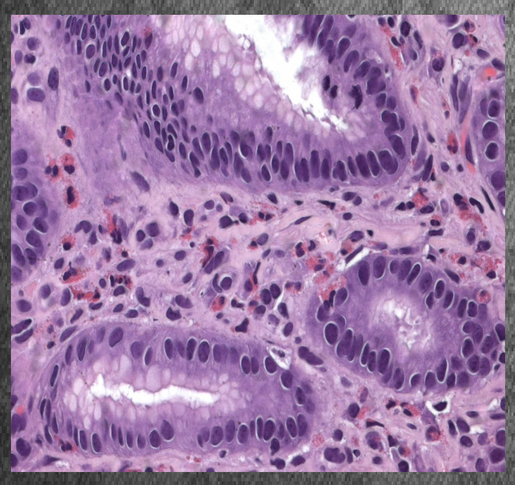

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Results:

The patient, after two weeks of suspension, restarted therapy with a low dose (240 mg/day), with a good tolerability. After one month of treatment, the blood cell counts documented important eosinophilia (Eos:25.4 %) with a gastric biopsy showing antral and fundic gastritis, rich in eosinophilic component. Because of the suspect of eosinophilic gastritis, the treatment was again suspended and a new gastroscopic evaluation planned at two months. The follow-up evaluation showed a remarkable improvement of the eosinophilic gastritis.

Discussion and Conclusions:

This is the first report of an association between dimethyl fumarate therapy and eosynophilic gastritis in MS. A single case, in the absence of plausible pathophysiological mechanisms, cannot establish a causal link between treatment and adverse event. Furthermore, the coexistence of celiac disease adds another element of uncertainty. However, in the presence of severe gastrointestinal symptoms, an eosinophilic gastritis should be suspected and the therapy suspended as this may lead to a very good recovery.

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