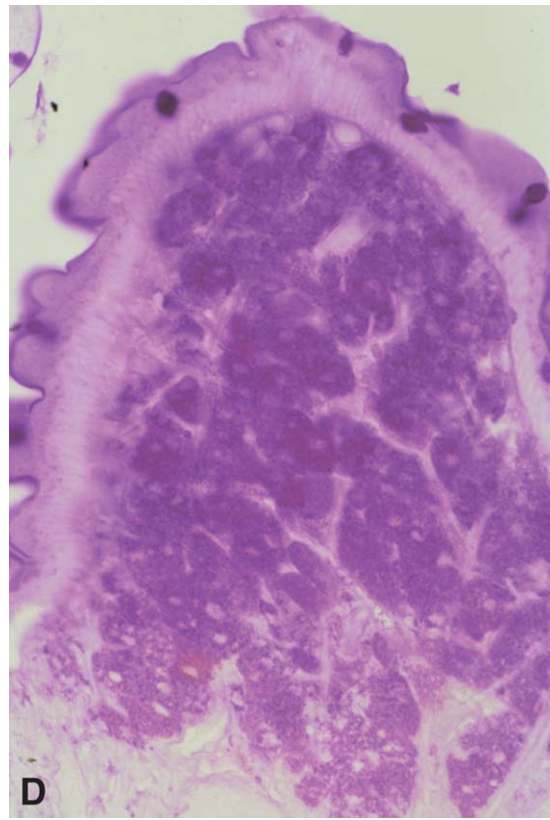
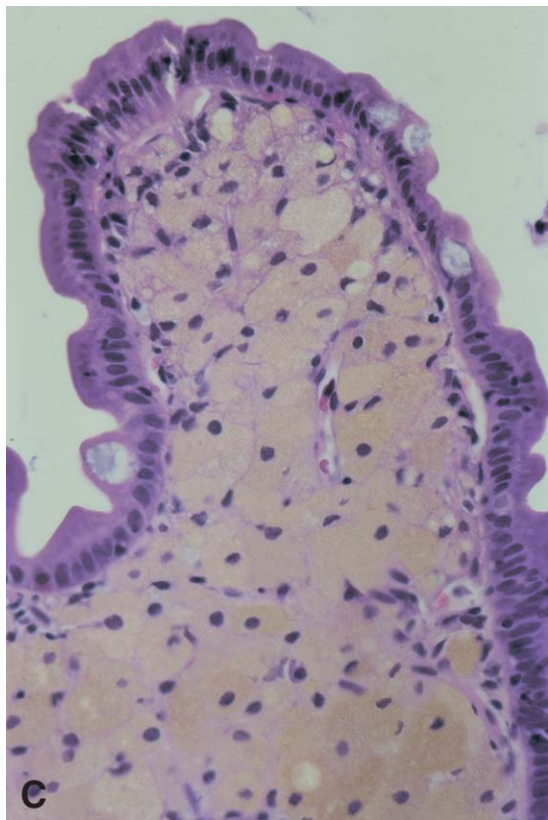
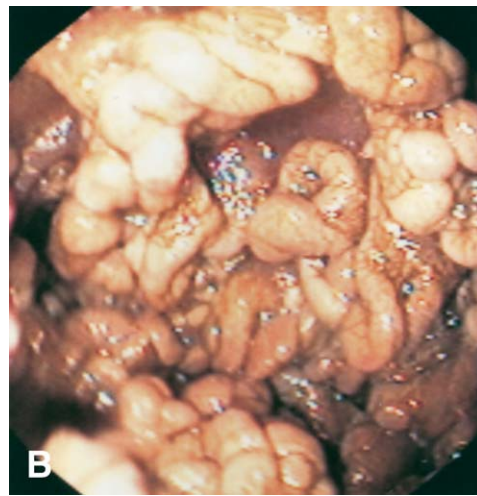
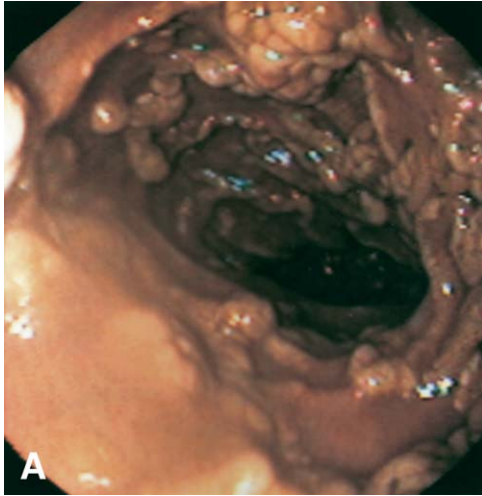


# AT THE FOCAL POINT...

## WHIPPLE'S DISEASE



A 46-year-old man presented with periumbilical pain, chronic diarrhea, and weight loss (30 lb) of 6 months' duration. There was no fever or neurologic symptoms. On examination, the patient appeared chronically ill, the abdomen was slightly distended, and enlarged peripheral lymph nodes were palpable. There was a moderately severe normocytic anemia. At EGD, the duodenal folds were thickened and prominent, with a serpiginous, cord-like appearance. The mucosa was yellow-white in color, and some areas were covered by a yellowish exudate (A). At the junction of the second and third parts, the folds were markedly tortuous and engorged, resulting in significant nonobstructive luminal narrowing (B). Duodenal biopsy specimens revealed intestinal villi with the lamina propria distended by foamy macrophages (C; H&E, orig. mag.  $\times 200$ ). Periodic acid-Schiff

(PAS) stain highlighted macrophages in the lamina propria by staining bacterial cell wall components of the Whipple bacillus, *Tropheryma whippelii* (D; PAS, orig. mag.  $\times 200$ ). The patient was treated for 1 year with orally administered sulfa-based antibiotics, with marked improvement in symptoms.

**Lucía C. Fry, MD**  
**Walter H. Curioso, MD**  
Division of Gastroenterology  
**Audrey J. Lazenby, MD**  
Department of Pathology  
**Klaus E. Mönkemüller, MD**  
Division of Gastroenterology  
Veterans Affairs Medical Center  
University of Alabama  
Birmingham, Alabama

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## ESOPHAGEAL PYOGENIC GRANULOMA

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