



Eosinophilic granulocytes

Material: 1 ml EDTA blood

TAT: same day, FML

Method: automatic differentiation, microscopy

Units: %

Increased eosinophilic granulocytes:

Parasite infections	particularly ascariasis, e.g. <i>Strongyloides stercoralis</i> , trichinosis, cysticercosis, echinococcosis, scabies also with <i>Toxocara canis</i> , amoebae, lamblia, schistosomiasis, filariasis, gnathostoma, rare in malaria
Infectious diseases	Scarlet fever
Allergic states	asthma, urticaria, angioneuritic edema, pollinosis (hay fever), food allergy, allergic vasculitis
Skin diseases	pemphigus vulgaris, dermatitis herpetiformis, erythema exudativum multiforme
Drug induced	over-sensitiveness reaction on intake of antibiotics, gold preparations, hydantoin derivates, phenothiazine, dextrane, treatment with GM-CSF
Hypereosinophilic syndrome	Loeffler's syndrome, disseminated eosinophilic collagen disease
Autoimmune	scleroderma, panarteriitis
Malignoma	chronic myeloid leukemia, eosinophil leukemia, Morbus Hodgkin and other malignant lymphomata, metastasized carcinoma, paraneoplastic
Other causes For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/	familial (inherited)