Screen for secondary causes of eosinophilia (common causes are asthma, allergy, drug reaction, infection, neoplasms)¹
Screen also for Strongyloides infection with serologic testing, especially if glucocorticoid treatment may be indicated
For organ-specific signs or symptoms (e.g., skin or esophageal), consider tissue biopsy

Underlying condition (cause of secondary/reactive eosinophilia) identified

INDICATIONS FOR TESTING
Peripheral blood eosinophilia/hypereosinophilia uncovered incidentally during medical evaluation or workup for specific symptoms
- Eosinophilia, 500-1,500 cells/µL
- Hypereosinophilia, >1,500 cells/µL

Positive

Negative and/or >5,000 eosinophil cells/µL

Perform hematopathologic workup on peripheral blood for
- Myeloproliferative neoplasm by FISH to detect cytogenetic rearrangements
- T-cell clonality by leukemia/lymphoma phenotyping using flow cytometry

Primary bone marrow causes of eosinophilia include chronic eosinophilic leukemia (not otherwise specified) and myeloid/lymphoid neoplasms with reactive eosinophilia

Negative

Monitor for developing cause²

ARUP Tests
- Eosinophilia Panel by FISH (probes include PDGFRα, PDGFRB, FGFR1, and CBFB)
- Leukemia/Lymphoma Phenotyping Evaluation by Flow Cytometry
- Strongyloides Antibody, IgG by ELISA, Serum
- Eosinophil Granule Major Basic Protein, Tissue

¹Eosinophilia from any cause can be associated with thromboembolic phenomena and cardiac disease as detected by, for example, splinter hemorrhages, nail fold infarcts, and/or cardiac murmur of mitral insufficiency.
²Eosinophilia/hypereosinophilia of undetermined significance (also called benign eosinophilia or idiopathic hypereosinophilia). Cause may be detected or patient may continue to have benign eosinophilia (or be deemed to have familial eosinophilia, a rare subset of eosinophilia/hypereosinophilia of undetermined significance).