

REFERENCES

1. Sullivan EA, Staehling N, Philen RM. Eosinophilia-myalgia

There was no pulmonary or other systemic involvement characteristic for non-LT related cases of EMS<sup>2</sup>. Symptoms of peripheral edema, rash, and scleroderma-like skin change are more prevalent in tryptophan cases<sup>2</sup>. The transient hypoproteinemia and hypoalbuminemia had not been previously described in the constellation of symptoms EMS. This case illustrates the possibility that cases of EMS not related to LT may appear long after the epidemic resolved. Clinical awareness of this syndrome unrelated to tryptophan is advocated.

2. Sternberg EM. Pathogenesis of L-tryptophan eosinophilia myalgia cases. *J Rheumatol* 1996;23:1784-7.
3. Centers for Disease Control and Prevention. Eosinophilia myalgia syndrome - New Mexico. *MMWR Morb Mortal Wkly Rep* 1989;38:765-7.
4. Centers for Disease Control and Prevention. Eosinophilia myalgia syndrome and L-tryptophan-containing products - New Mexico, Minnesota, Oregon, and New York. *MMWR Morb Mortal Wkly Rep* 1989;38:785-8.
5. Hertzman PA. Criteria for the definition of the eosinophilia-myalgia syndrome. *J Rheumatol* 1996;23 Suppl 46:7-12.

Figure 2. An erythemic induration over the lower abdomen.

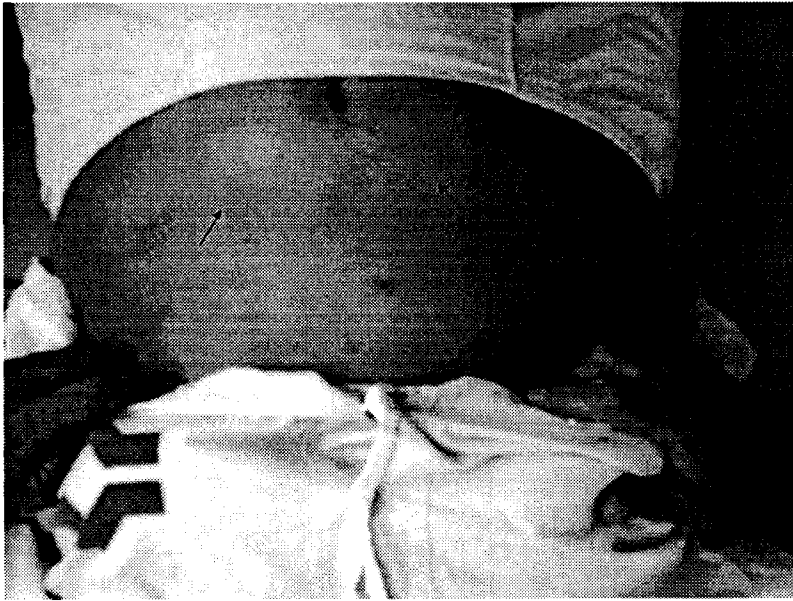


Figure 1. Tender nonpitting edema over the patient's shins and ankles.

