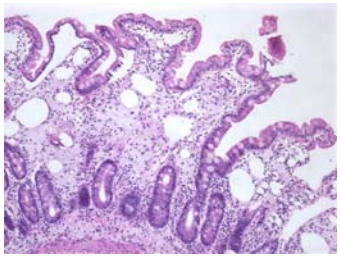
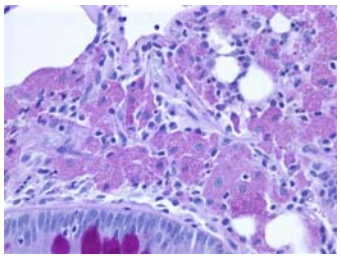
A 47 year old male presents with diarrhea, weight loss and arthropathy. His examination is notable for palpable adenopathy. He is known to be HIV negative. He undergoes a work-up for diarrhea which includes small bowel biopsies

Which of the following is the treatment of choice?

a. CHOP chemotherapy
b. Gluten-free diet
c. Trimethoprim-sulfamethoxazole for 1 year
d. Clarithromycin plus Ethambutol
e. Tetracycline for 2 weeks

ANSWER: C
The histopathology reveals Whipple disease, showing swollen villi containing dilated lacteals that appear flattened (Figure 2A), and lamina propria that is distended with histiocytes containing a foamy cytoplasm (Figure 2B). The bacilli in the cytoplasm (Tropheryma whippelii) are characteristically PAS-positive staining. This may need to be differentiated from Mycobacterium avium intracellulare in the immunocompromised patient by acid-fast staining. The treatment for Whipple disease is prolonged antibiotic administration, often for 1 year. Despite the dilated lacteals, weight loss and adenopathy, this does not appear to be lymphoma on histology, so CHOP chemotherapy (option A) would be incorrect. Although the villi appear flattened as in celiac disease, the absence of intraepithelial lymphocytosis and chronic inflammation in the lamina propria make this unlikely, so a gluten-free diet (B) would be incorrect also. The patient is known to be HIV negative, so MAI is unlikely, hence option D would not be suitable. Two weeks of antibiotics as designated in option E would be inadequate therapy for Whipple disease.