Eosinophilic fasciitis = انسداد اللبان اللحومية

Eosinophilic Fasciitis Shulman's Syndrome
First described in 1974, eosinophilic fasciitis is a scleroderma-like disorder characterized by inflammation and fibrosis of the subcutaneous tissue. It is associated with an increase in eosinophils in the affected tissue. Although the cause is unknown, infections and medications have been reported to cause eosinophilic fasciitis. Eosinophilic fasciitis may have its onset with unusual physical
Eosinophilic fasciitis often involves one or more extremities. The induration may cause a decreased range of motion and, in some cases, Raynaud's phenomenon or mild pulmonary fibrosis. The disorder has a varied course.
Some patients improve spontaneously, others improve with corticosteroids, and still others may have relapses and remissions.

*Histopathology*
A deep wedge biopsy to skeletal muscle including fascia is essential to making the diagnosis of eosinophilic fasciitis. In most cases the adipose tissue shows no significant changes, except that the fibrous septa separating deeply located adipose tissue show in most cases a severe inflammation with a component of eosinophils, and focal scarring; in other cases, however, it is not involved.
pathogenesis
Whereas at first the impression prevailed that eosinophilic fasciitis was a new syndrome, it soon became apparent that the disorder represents a variant of morphea. Eosinophilic fasciitis may share features with generalized morphea, including inflammation and fibrosis of the fascia, peripheral eosinophilia, and hypergammaglobulinemia. Antinuclear antibodies are present in a significant number of cases. The term morphea profunda, analogous to lupus erythematosus profundus, has been applied to this disorder. Nevertheless, because of its acute onset in most cases, its usual limitation to the structures underlying the skin, and its tendency to resolve, eosinophilic fasciitis deserves recognition as a distinct variant of morphea.
Eosinophilic fasciitis = انتفاخ العصب