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Educational Workshop
Whipple's disease: from primary infection to late clinical manifestations
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Whipple disease was already described in 1907 by G. Whipple. However, its etiological agent, Tropheryma whipplei was only identified in 1991 by KH Wilson and cultivated in 2000 by D. Raoult. Until last years, whipple disease was only considered as a rare and chronic disease. Although abdominal involvement with malabsoption, diarrhea and/or weight loss represents the classical form of chronic whipple disease, neurological involvements, arthritis, endocarditis, and uveitis may also occur, alone or in combination. Recently, acute whipple disease with or without bacteremia have been documented among patients with gastroenteritis or lower respiratory tract infections. This symptomatic primoinfection also named early-onset whipple disease appear to be much more common than the late-onset manifestations, supporting the hypothesis that evolution (i) to a chronic form of the disease, (ii) to healthy carriage or (iii) to spontaneous recovery might be - at least partially - genetically determined. It is thus important to summarize recent knowledge and review the current knowledge on the epidemiology, clinical presentation, diagnostic approaches, treatment and pathogenesis of whipple disease.