

Whipple disease is a rare disease resulting from bacterial infection that leads to inadequate absorption of nutrients (malabsorption) from the intestine. It is believed to result from infection with bacteria known as *Tropheryma whippelii*. The infection usually involves the small intestine, but over time, the disease may affect various parts of the body, including the heart, lungs, brain, and eyes. Whipple disease is caused by a rod-shaped bacterium called *Tropheryma whippelii*. This bacterium was first identified in 1991/92. Its natural habitats are unknown, but it appears likely that infection occurs by way of an environmental source and that the bacteria are introduced into the body through the mouth (peroral). Whipple disease affects more males than females in a ratio of approximately 4 to 1. The symptoms of this disorder typically begin between the ages of thirty and sixty years. The age range of those affected is thought to be between 30 and 80, with the median age at time of diagnosis being 56 years. Most of the cases of Whipple disease have been diagnosed among Europeans and Americans of European parentage. In Germany, the disease incidence has been estimated at 0.4 per million population per year. A few cases have been reported among American Indians and Americans of African descent. In 2004, for the first time, a case of Whipple disease was reported in Japan. The standard diagnostic approach is to study a tissue sample (biopsy) from the small intestine. Blood testing can determine whether anemia is present. Confirmation of diagnosis can be achieved either by electron microscopy or by a test known as polymerase chain reaction (PCR) analysis, which detects the DNA of *T. whippelii*.