

Just pulmonitis?



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- 75 year old women, presented at the ER with fever, cough, fatigue; oliguria (??)

- Medical history:

hypertension

sinusitis(??) („I have 'blocked' nose for a few months now)

- Treated at the local hospital 4 weeks before, with similar symptoms, (pneumonia)

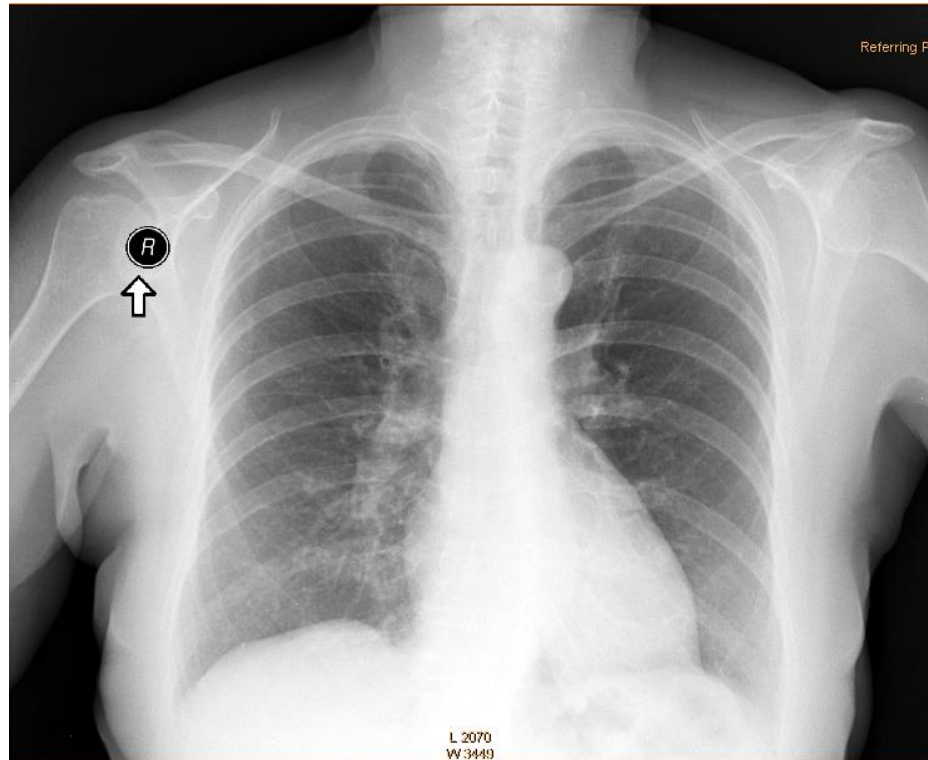
Physical examination

- Cardiovascular: BP 130/80mmHg, HR 80/min
- Respiratory: SatO2 98%, right nasal cavity blocked, basal crackles R.
- Abdomen: „-“
- Neuro: „-“
- Extermities: „-“

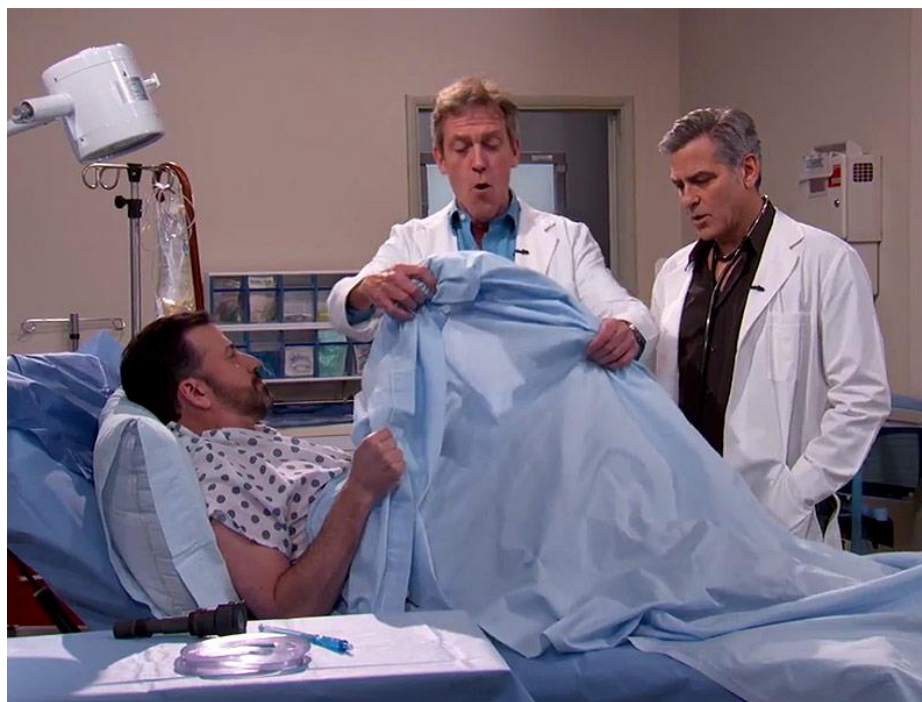
Laboratory

- WBC: **19,63 K/μL** [4,0 — 10,0] NEUT: **17,57 K/μL ((89,5%))** [1,80 — 7,00] HGB: **8,7 g/dL** [12,0 — 16,0] MCV: **80,3 fL** [80,0 — 97,0] MCH: **26,6 pg** [27,0 — 34,0] MCHC: **33,1 g/dL** [33,0 — 36,0]
- Krea **4,2 mg/dl** [0,6 — 1,1] eGFR: **9,3 ml/min/1,73m²** []
- CRP: **16,573 mg/dl** [< 0,5]
- Protein (urine): **73,6 mg/dl**
- Leukocyturia

Radiography



Working the case



- Urine culture: E coli 10⁶
- Chest CT : ground glass opacity segment 2,3 RP
- Laryngologist consultation: vasculitis like changes. Biopsy: necrotizing vasculitis in small vessels
- **ANCA: +**
- **p-ANCA (MPO): 145,9 U** [ujemne <20]
słabo dodatnie 21-30
dodatnie >30]
- **c-ANCA (PR-3): 1,9 U** [ujemne <20]
słabo dodatnie 21-30
dodatnie >30]

Diagnosis?

- Microscopic polyangiitis (MPA)
- E.coli cystitis

TABLE 3. DIFFERENTIAL DIAGNOSTIC FEATURES OF SEVERAL FORMS OF SMALL-VESSEL VASCULITIS.

FEATURE	HENOCH-SCHÖNLEIN PURPURA	CRYOGLOBULINEMIC VASCULITIS	MICROSCOPIC POLYANGIITIS	WEGENER'S GRANULOMATOSIS	CHURG-STRAUSS SYNDROME
Signs and symptoms of small-vessel vasculitis*	+	+	+	+	+
IgA-dominant immune deposits	+	-	-	-	-
Cryoglobulins in blood and vessels	-	+	-	-	-
ANCA in blood	-	-	+	+	+
Necrotizing granulomas	-	-	-	+	+
Asthma and eosinophilia	-	-	-	-	+

*All of these small-vessel vasculitides can manifest any or all of the shared features of small-vessel vasculitides, such as purpura, nephritis, abdominal pain, peripheral neuropathy, myalgias, and arthralgias. Each is distinguished by the presence and, just as important, the absence of certain specific features. ANCA denotes antineutrophil cytoplasmic autoantibodies.

Table 1. Clinical Manifestations of Small-Vessel Vasculitides Compared With A Medium-Vessel Vasculitisa

	EGPA	MPA	GPA	PAN
Renal Involvement	45%	90%	80%	50%
Upper airway involvement	50%	35%	90%	<5%
Lower airway involvement	70%	50%	90%	25%
Skin involvement	60%	40%	40%	50%

^aThis table is based on information in references 1, 3, and 10 in the citation list.

Abbreviations: EGPA, eosinophilic granulomatosis; GPA, granulomatosis with polyangiitis; MPA, microscopic polyangiitis; PAN, polyarteritis nodosa.

Treatment and outcome

- Methylprednisolon: 3 pulses a 500mg 3 days in a row, then:
- Cyclophosphamide: 2 pulses a 400mg day 4 and day 18
- From day 4 prednisolone PD orally (60mg ---> 30mg)
- From day 25 cyclophosphamide 50mg PD

I've got spare couch:)



#WFP4

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Miejski Stadion
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