GASTROINTESTINAL AND RENAL INVOLVEMENT IN SYSTEMIC VASCULITIS

João Carlos Silva, Carlos Fernandes, Teresa Freitas, Clara Almeida, Marina Reis, Antónia Furtado, Ana Catarina Gomes, Edgar Afecto, João Correia, Manuela Estevinho, João Carvalho.

Centro Hospitalar Vila Nova de Gaia Espinho

CASE DESCRIPTION

- A 56-years-old women admitted in the ER for nausea, vomiting, epigastric pain and fever. The patient had medical history of acromegaly and chronic kidney disease of undetermined etiology. Elevated C-reactive protein and renal dysfunction. Abdominal-CT revealed duodenal parietal thickening and pancreatic head edema. On esophagogastroduodenoscopy (EGD) duodenal mucosa had a diffusely nodular aspect with ulcerated areas.

The following differential diagnosis were made: infectious enteritis, Whipple disease, infiltrative disorder and GI vasculitis.

- ✓ After multidisciplinary discussion between Gastroenterology and Nephrology, and due to the renal function worsening it was decided to initiate oral glucocorticoids which lead to digestive symptoms resolution and renal function stabilization.

- ✓ Myeloperoxidase antineutrophilic-cytoplasmic antibodies (MPO-ANCA) came positive. Histology confirmed duodenal involvement by vasculitis. After 4-weeks the patient was asymptomatic, with endoscopic healing and renal function stabilization.

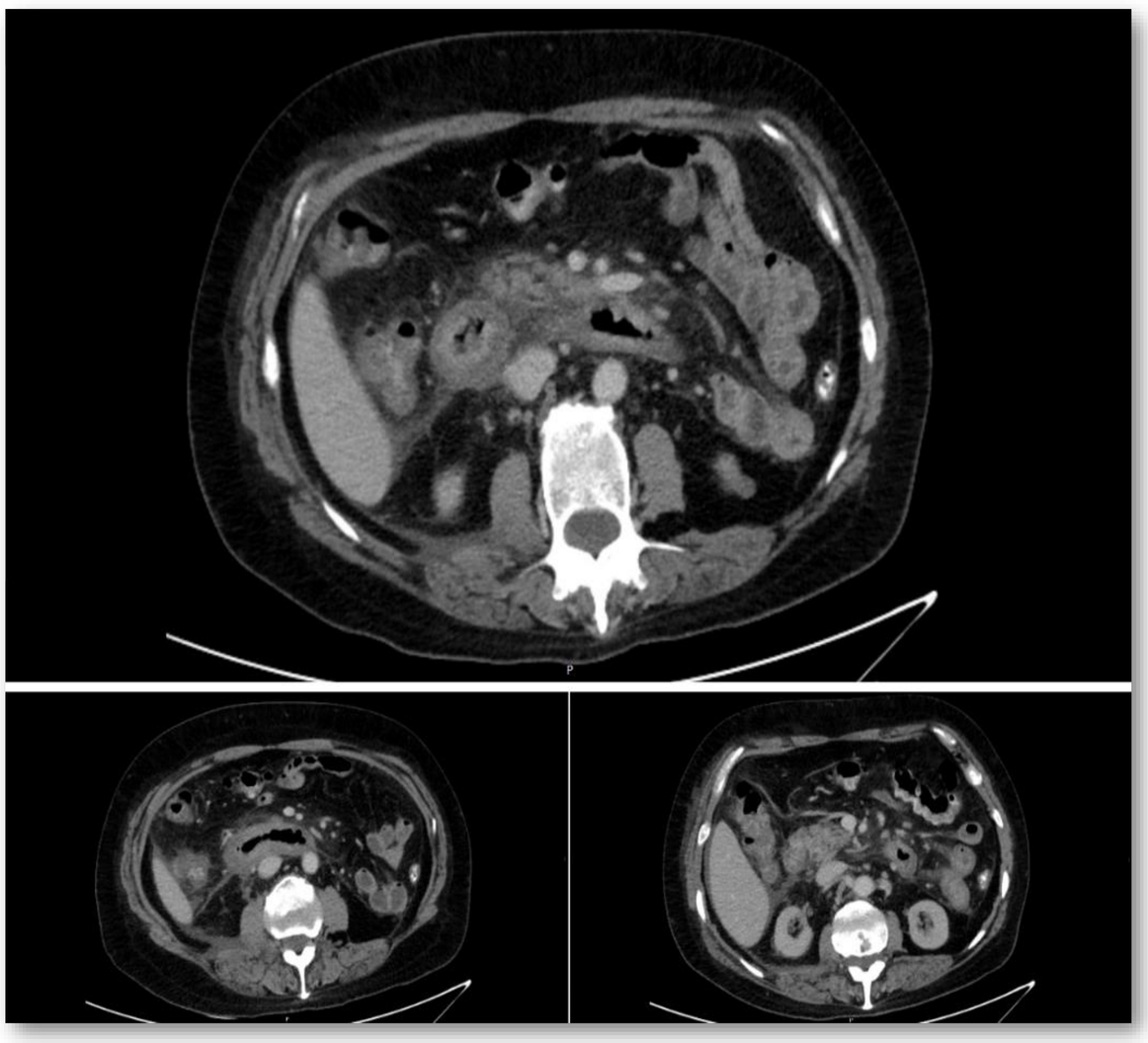

Figure 1 –Abdominal-CT revealing marked diffuse parietal thickening of the duodenum with a slightly hypodense appearance. Pancreas shows globosity of the head and uncinate process, associated with marked densification of peripancreatic fat. These imagological findings are suggestive of inflammatory alterations of the pancreatic parenchyma secondary to small bowel disease.

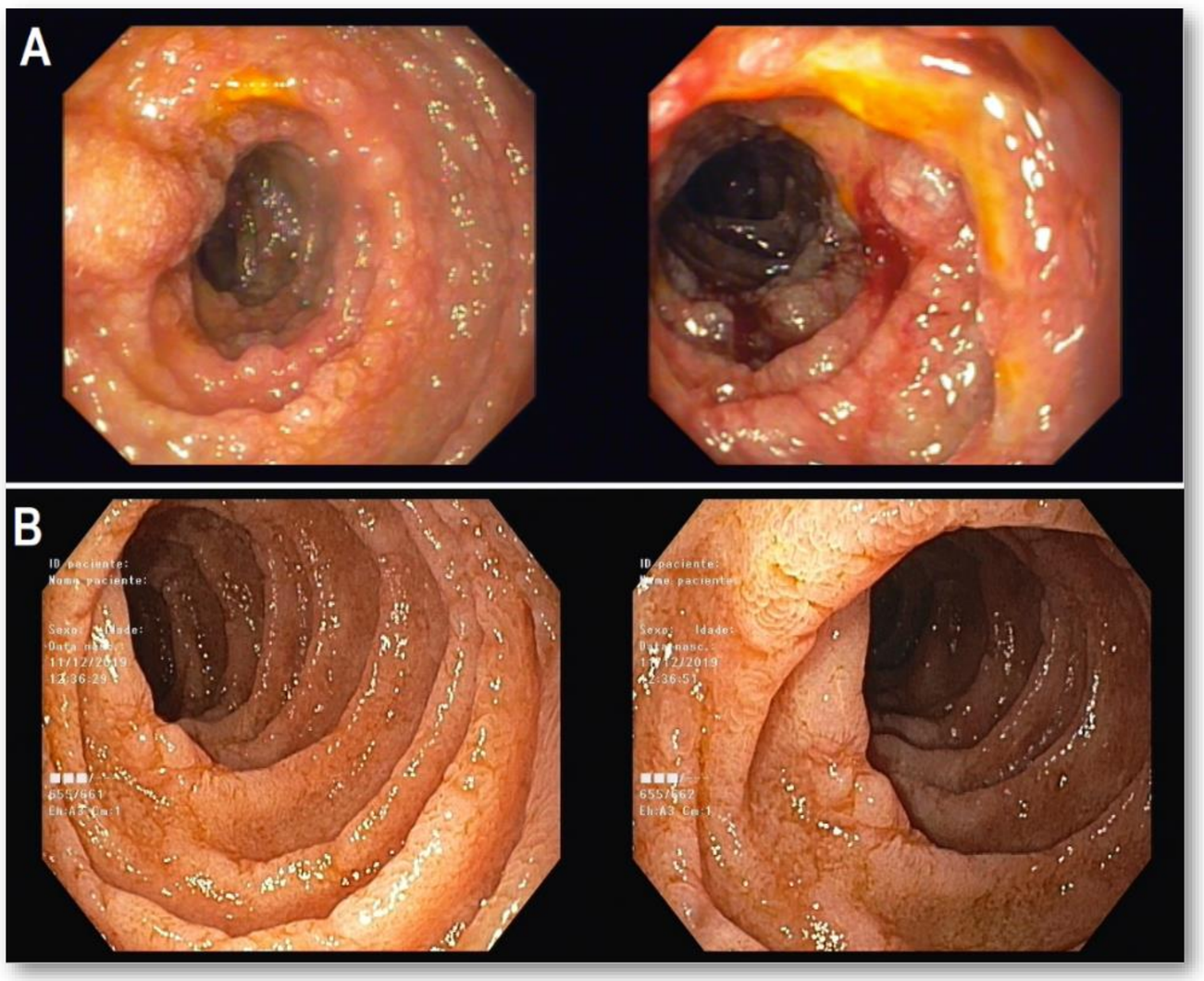

Figure 2 – Endoscopy findings [A] EGD at hospital admission revealed congestive duodenal mucosa with ulcerated areas and a diffusely nodular aspect. [B] EGD 4-weeks after treatment confirmed mucosal healing.

CONCLUSION

GI involvement limited to the duodenum in the setting of ANCA-MPO vasculitis is a rare condition. Moreover histopathologic confirmation of vasculitis in endoscopic biopsy samples is exceptional.

REFERENCES

1. Hatemi, I., G. Hatemi, and A.F. Celik, Systemic vasculitis and the gut. Curr Opin Rheumatol, 2017. 29(1): p. 33-38.
2. Pagnoux, C., Mahr, A., Cohen, P., et al., Presentation and outcome of gastrointestinal involvement in systemic necrotizing vasculitides: analysis of 62 patients with polyarteritis nodosa, microscopic polyangiitis, Wegener granulomatosis, Churg-Strauss syndrome, or rheumatoid arthritis-associated vasculitis. Medicine (Baltimore), 2005. 84(2): p. 115-28.
3. Silva, J.C., Silva, A. P., Furtado, A., et al., Colon-Limited Leukocytoclastic Vasculitis. Am J Gastroenterol, 2018. 113(8): p. 1114.