

WEGENER'S DISEASE: BEYOND LUNGS AND KIDNEYS

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Wegener's granulomatosis (WG) is an uncommon disease process characterized by necrotizing granulomatous vasculitis affecting small to medium-sized vessels that classically involves the upper and the lower respiratory tracts and the kidneys. There is a considerable risk of mortality if diagnosis and treatment are delayed. We describe a 54 yrs old Caucasian female with WG presenting with unusual neurologic and cardiac manifestations that complicated the clinical presentation resulting in delayed diagnosis and treatment.

The patient presented a right facial droop with ipsilateral hemiparesis, a non ST elevation myocardial infarction, and an acute renal failure. The neurologic and cardiac presentations confounded the initial presentation and delayed appropriate work up for etiology of renal failure. CT imaging revealed an ischemic infarct in the left frontoparietal area, pansinusitis, and bilateral pulmonary nodules. Eventually, serologic studies were done and were positive for C-ANCA and anti PR3 antibodies. Renal biopsy showed pauci-immune crescentic glomerulonephritis and confirmed the diagnosis of WG.

This case highlights the possible extent of cerebrovascular and cardiovascular involvement in Wegener's granulomatosis. Very few cases of arterial thrombosis in WG have been reported previously. Early recognition of thrombosis and appropriate institution of therapy is essential to prevent complications. Early diagnosis by biopsy of affected tissues facilitates early treatment and may prevent progression of the disease. More studies are needed to address the need of systemic anticoagulation in these patients.