

HYDRALAZINE INDUCED ANCA POSITIVE PAUCI-IMMUNE GLOMERULONEPHRITIS. A CASE REPORT

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We report a case of hydralazine induced alveolar hemorrhage and anti-neutrophil cytoplasmic antibody (ANCA) positive pauci-immune glomerulonephritis, with serum anti-histone antibodies present, features not previously described in the literature with this drug.

A 50 year old Caucasian female had hypertension and ischemic cardiomyopathy treated with hydralazine 75 mg three times daily for three years, and a lung nodule followed up periodically with chest computed tomographies. She was admitted to the hospital for bronchoscopy after newly discovered diffuse pulmonary ground-glass opacities. For one week prior to presentation, the patient had a mild cough with blood-tinged sputum. She had no fever, malaise, weight loss, purpura, skin rash, sinusitis, or joint pain. Her physical exam was only significant for bilateral dry crackles. Bronchoscopy with transbronchial lung biopsy showed alveolar hemorrhage and was otherwise nondiagnostic. Serum creatinine was 3.5 mg/dl (baseline 1.8 – 2 mg/dl) and urinalysis showed 2+ blood, 30-50 RBC/hpf and red blood cell casts.

ANCA antibodies against myeloperoxidase were present. Anti-double-stranded DNA and anti-histone antibodies were positive. ANA were positive in a homogeneous pattern. Serum complements were normal. Renal biopsy revealed focal crescentic necrotizing glomerulonephritis with negative immunofluorescence, consistent with pauci-immune ANCA positive vasculitis. Hydralazine was discontinued, and the patient began treatment with cyclophosphamide and prednisone. The serum creatinine returned to baseline 2-3 days after hydralazine was discontinued and the hemoptysis resolved within several days after the above treatment was started.

We concluded that this case represents a hydralazine-induced small vessel vasculitis rather than an idiopathic one. The possibility of hydralazine induced vasculitis should be considered when patients treated with hydralazine develop a pulmonary-renal syndrome. Anti-histone antibodies may be present in the absence of full classification criteria of drug induced lupus.