



My Obsession

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HISTORY

- a prior healthy 46-year-old male
- military officer - regular health checkups
- otitis media and mastoiditis two months ago complicated by hearing loss (treated with different a/b, antrotomy was performed)
- complains:
 - fatigue
 - weight loss
 - fever
 - cough, dyspnea and haemoptysis
 - joints pain

ANY SUGGESTIONS?

- Tuberculosis?
- Recurrent pneumonia?
- Lung cancer?
- Something else???



CHEST X-RAY



Tracheobronchial lymphadenopathy and peripheral lung nodules.



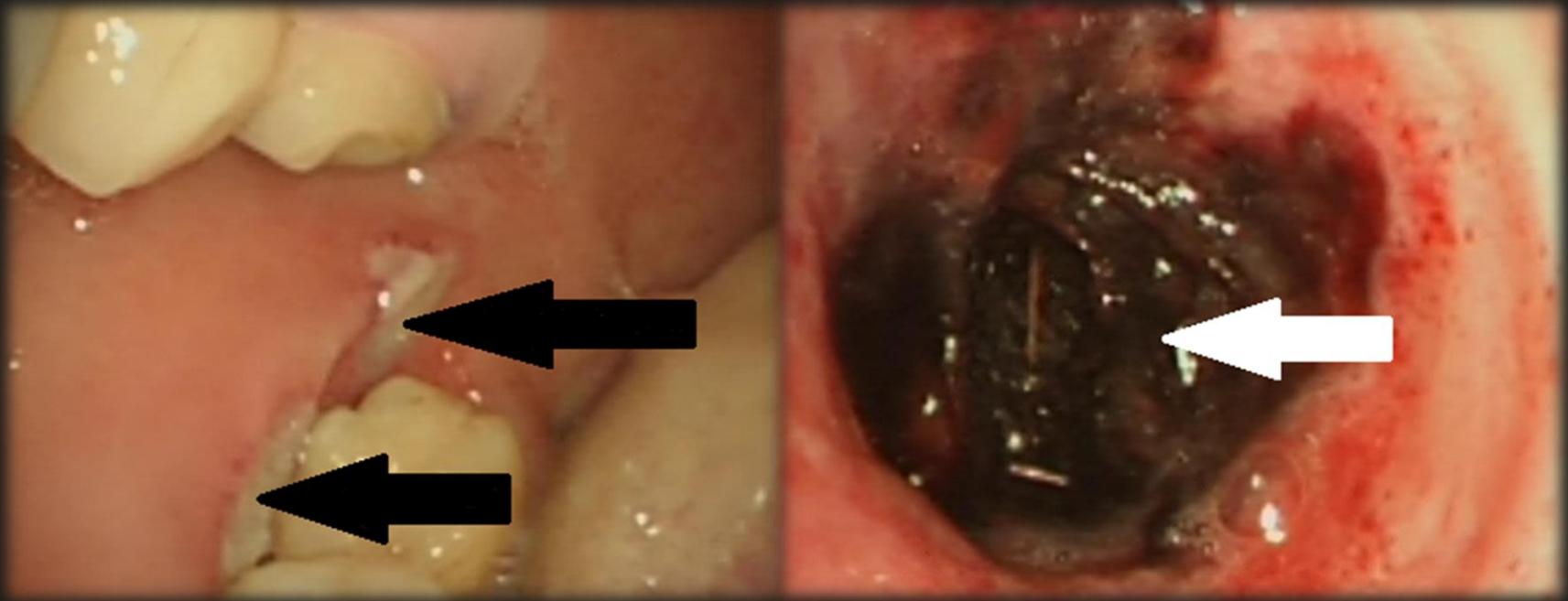
HOSPITALIZATION

- patient was admitted on October 14th on suspicion of lung cancer
- examination:
 - pail skin
 - tachycardia (100 bpm)
 - painful mouth ulcers with fibrin coating

LAB TESTS

- full blood count: WBC $16,55 \times 10^9/l$ ($4,0 - 9,8 \times 10^9/l$)
HgB 92 g/l ($128 - 160$ g/l)
PLT $622 \times 10^9/l$ ($140 - 450 \times 10^9/l$)
- inflammatory markers: CRP 183 mg/l ($0 - 5$ mg/l)
ESR 83 mm/hr ($1 - 15$ mm/hr)
- kidney function: creatinine $211 \mu\text{mol/l}$ ($27 - 115 \mu\text{mol/l}$)
urea 12,9 mmol/l ($1,8 - 8,3$ mmol/l)
- urinalysis: WBC 25/ μl ($0/\mu\text{l}$)
BLD 10 mg/l ($0 - 0,3$ mg/l)
protein 0,25 g/l (0 g/l)

BRONCHOSCOPY



Mouth ulcers (black arrow) and bronchial ulceration with necrosis (white arrow). Endobronchial biopsy was taken.

SOMETHING WRONG WITH THIS “CANCER” ...

- atypical otitis media and mastoiditis
 - no response to treatment with different antibiotics – fever, rising inflammatory markers
 - antrotomy – no pus was found
- deteriorating kidney function
 - mild proteinuria (0,5 g/l) and leukocyturia (25/μl) was already found two months ago when patient was admitted for ear operation
- affected respiratory system
 - transbronchial biopsy revealed necrotising granulomatous pneumonitis

DIFFERENTIAL DIAGNOSIS

- Tuberculosis?
 - microscopy for acid fast bacilli (AFB) – negative
- HIV??
 - test for HIV-1 and HIV-2 antibodies – negative
- Hematological disease???
 - sternal bone marrow biopsy – normal
- Some surreal infection???
 - blood and urine cultures – negative
 - culture of bronchoalveolar lavage – *Staphylococcus aureus* $>10^5$ cfu/mL, susceptible to all antibiotics
- Systemic connective tissue disease???
 - c-ANCA $> 1:40$ (positive) ($<1:10$)

TREATMENT

On October 18th patient was transferred to Rheumatology department!

- *tab. Prednisolonum* 40 mg per day
- *tab. Sulfamethoxazolum et Trimethoprimum* 160/800 mg twice a day

THE COURSE OF A DISEASE

- On October 21st patient developed acute pain in lower abdomen.
- CT revealed signs of small bowel perforation.
- Patient was operated, 50 centimeters of ileum with 5 perforated ulcers were resected, 17 more ileal and jejunal ulcers were sutured.
- Patient's condition deteriorated and he died on October 23rd.
- Family denied an autopsy.



Histologically –necrotising vasculitis.
No granulomas were found.

WEGENER'S GRANULOMATOSIS (???)

- ears – sensorineural hearing loss
- oral cavity – ulcerations throughout oral mucosa
- lungs – periferal pulmonary nodules, tracheobronchial lymphadenopathy, pulmonary hemorrhage causing hemoptysis
- kidney – glomerulonephritis
- arthritis
- intestinal perforation – uncommon in Wegener's granulomatosis (several cases have been reported).



THANKS FOR YOUR ATTENTION

I hope you weren't too bored...

