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A Case of Rapidly Progressive A Wegener Granulomatosis

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Wegener's granulomatosis (WG), upper and lower respiratory tract, kidneys, and is a rare disease characterized by granulomatous vasculitis of various organs. The alternative name for WG is granulomatosis with polyangiitis (GPA). ANCA specificity not only is implicated in pathogenesis and correlates with clinical symptoms. Radiological findings and treatment was considered to be held in conjunction with WG (GPA) patients with existing renal pathology. A 50-year-old male patient referred to our clinic with hemoptysis. Hemoptysis started 3 days before, cough and sputum started a week before accompanied by fever and dyspnea. The patient had complaints of joint pain, morning stiffness and entesopathy 7-8 months ago. The patient was admitted to the ear, nose and throat doctor with complaints of hearing loss 1.5 months ago. the doctor planned to undergo a surgery on the patient. detected cavitary lesions on chest radiographs taken during surgical preparations. Patient did not give permission for intervention due to lack of complaints at that time. physical examination in normal limits. Blood laboratory reports: WBC:14.6 109/L, Hgb:12.5 g/dL, Htc:38.1% CRP:10.9 mg/dL. Chest radiography and thorax computed tomography (CT) showed bilateral irregularly limited thick-walled multiple cavitary lesion image the patient had a history of taking anti-TB therapy for 9 months because of TBC 20 years ago. The patient was hospitalized for further examination and treatment; amoxicillin-clavulanic acid 4 g/day, clarithromycin 1000mg/day was started. Bronchoscopy was performed; Bronchlavage was reported as negative cytological findings and findings compatible with anthroposis. ARB and tuberculosis culture were negative. The patient lost about 13 kg in the last month. During the follow-up period, creatinine levels increased from 0.80 to 1.60. Vasculitis markers (p-anca, c-anca, ana, rf, anticcp, microprotein and creatinine, paranasal sinus graphy and bt) were requested. C-ANCA> 100 AU/mL, sedimentation 92 mm RF: 87.1 mg/dL, approximately 1 g proteinuria. The paranasal sinus bt showed chronic sinusitis in the left maxillary sinus. Wegener's granulomatosis was diagnosed and transferred to the rheumatology department. Cyclophosphamide 1000 mg (with endoxane protocol), prednisol 1 gr 3 days after treatment with prednol 100 mg 1 week Control chest radiograph showed markedly decreased cavitary lesions, and renal function tests improved. The prevalence of vasculitis in patients who presented with hemoptysis and who had cavitations in their imaging was not significant. In patients with multiple organ involvement and early diagnosis, such as our case, organ damage can be reversible with appropriate treatment.

Keywords: Cavity lesions, ANCA, Wegener's granulomatosis