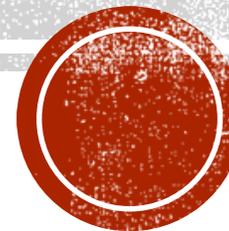


CASE PRESENTATION

Lauri Hein

Internal medicine, year II

Estonia



European School of Internal Medicine
Riga, Latvia 2017

MR. T

71-YEAR OLD MALE

- Complaints for 7 days:
 - Body temperature >39 C
 - Increased sweating
 - Myalgia and arthralgia (mostly in lower limbs)
 - Weight loss 5 kg



PREVIOUS MEDICAL HISTORY

Medical background

Hypertension

Diabetes mellitus II

BPH

Previous operations

Cholecystectomy (1974)

TURP (2016/09)

Drug history

Tbl. Gliclazide 60mg x2

Tbl. Metformin 850mg x2

Tbl. Fosinopril 10 mg x1

Harmful habits

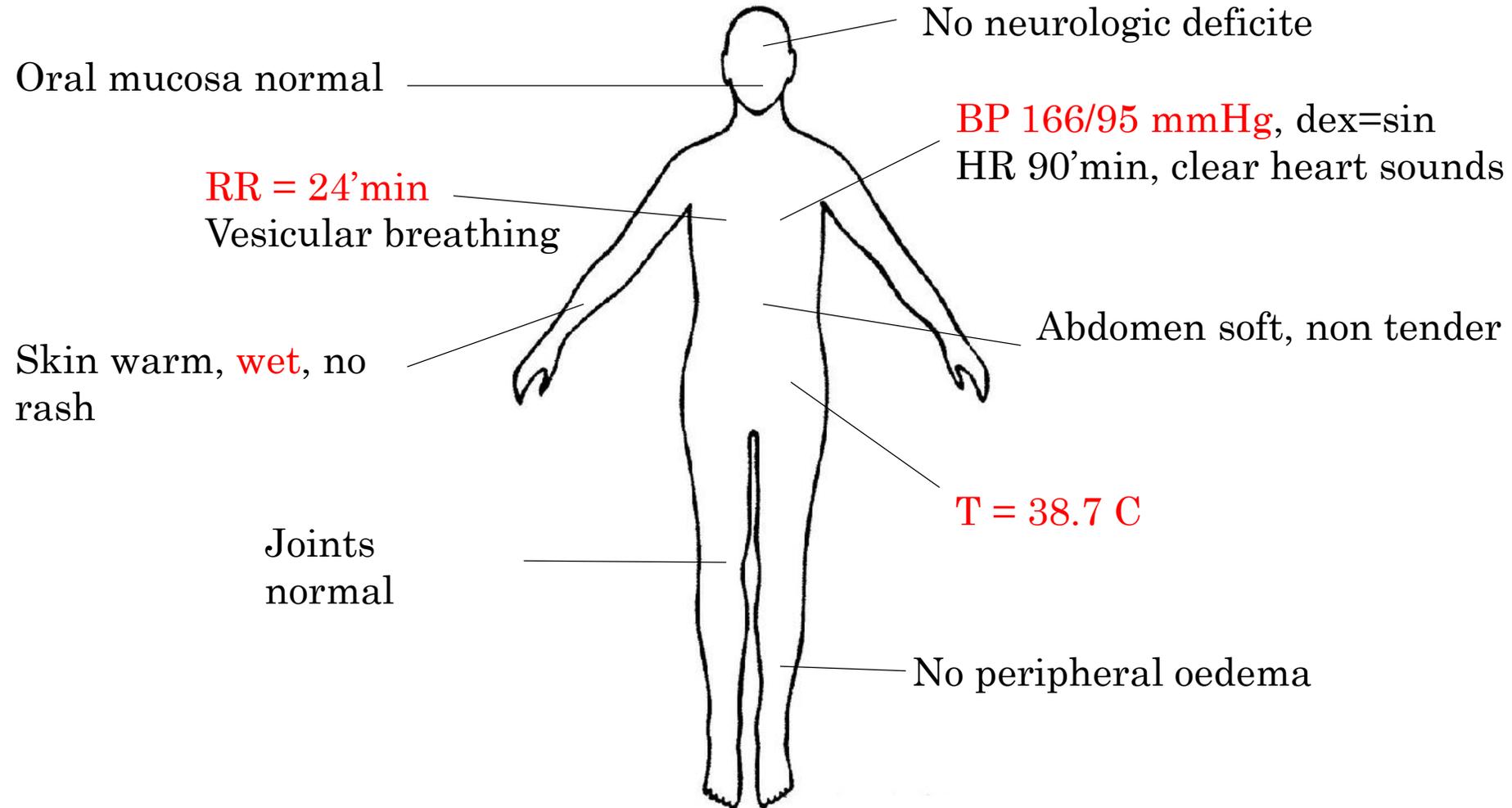
Non smoker

No alcohol abuse

No illegal drugs



PHYSICAL EXAMINATION



What Investigations would you like to do



BLOOD TESTS

Haematology

- WBC 14.0 ↑ (3.5 .. 8.8 E9/L)
- Neut% 85.6 ↑ (40 .. 80 %)
- Hb 123 ↓ (134 .. 170 g/L)
- Plt 503.0 ↑ (145 .. 390 E9/L)

Urinalysis normal

Biochemistry

- CRP 354 ↑ (<5 mg/L)
- PCT 0.62 ↑ (<0.05 ng/mL)
- eGFR (CKD-EPI) 76 ↓ (>90 mL/min/1,73m²)
- Crt 87 (59 .. 104 μmol/L)
- Ur 9.1 ↑ (<8.1 mmol/L)
- Gly 22.2 (mmol/L)
- Electrolytes normal
- Liver and cardiac enzymes normal
- Muscle enzymes normal



INVESTIGATIONS

- Chest X-ray – normal
- Abdominal US: liver structure irregular– lipodystrophy?, hepatitis?, multiple metastases?
- CT (Thorax + Abdomen + Pelvis): no abscess or site of infection
- ECG: SR 73'min, normal



Diagnosis?

bacterial infection of unspecified site?



Treatment?

broad spectrum antibiotics



DISEASE COURSE

- 2nd day – Mr. T develops bilateral testicular pain
- Testicles and epididymises normal on palpation, no clinically important hydrocele
- Testicular US: normal structure and vascularization, slightly more fluid on the right, no abscess

- During the next days Mr. T's complaints persist
- No changes in blood tests



MORE TESTS

- TTE and TEE – normal
- ENMG – bilateral radicular injury involving S1 myotomes, axonal sensory polyneuropathy in lower limbs.

Urine and blood cultures negative

ESR 101.0 ↑ (<29 mm/h)

β-2-microglobulin 4030 ↑ (800 .. 2200 μg/L)

Immunoglobulins normal

Plasma protein fractions normal

ACE 2 ↓ (8 .. 52 U/L)

Bacterial and viral analysis negative

ANA negative

ANCA negative

Cryoglobulins <50 (<50 mg/L)





What next

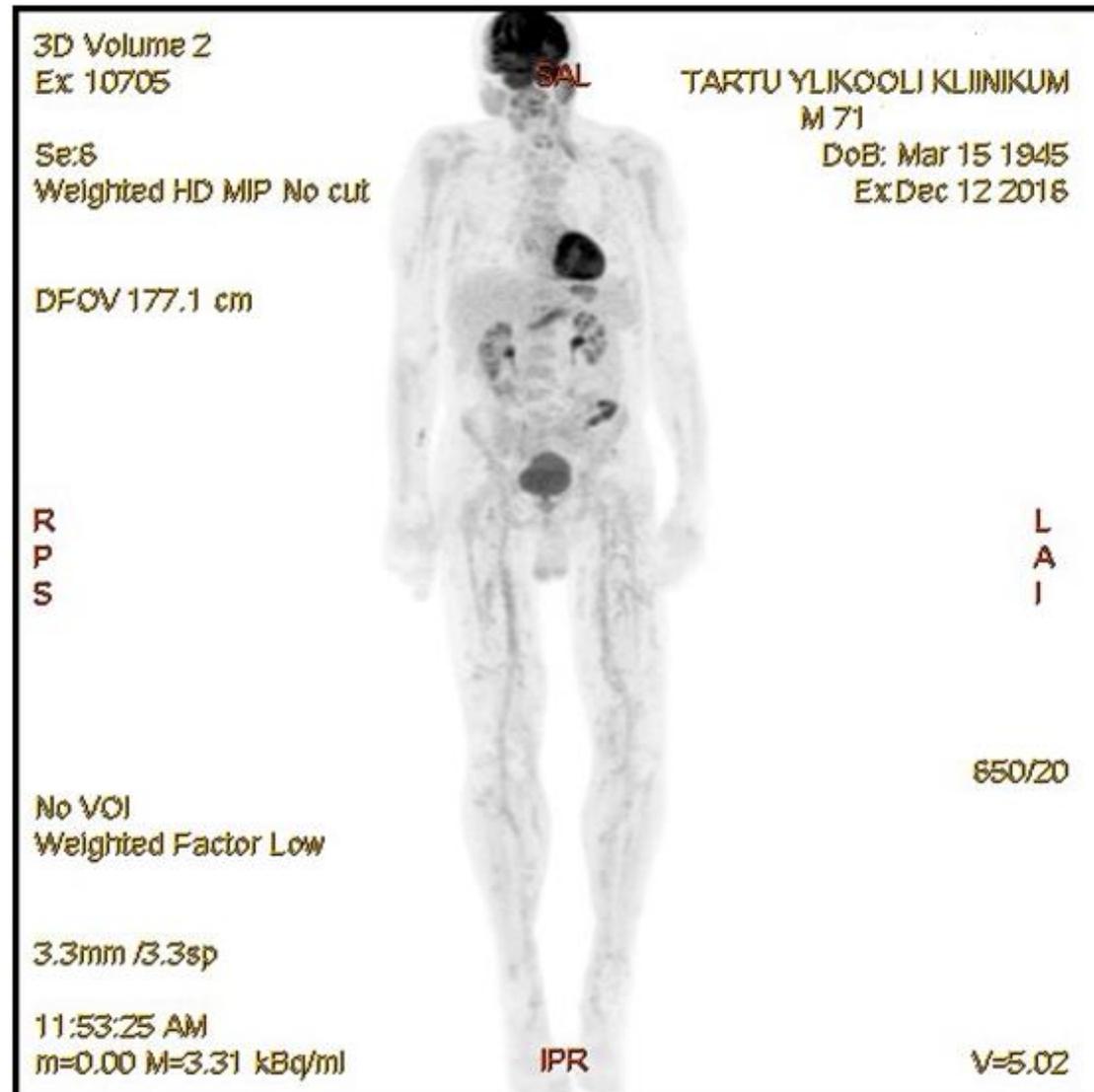


US-GUIDED TESTICULAR CNB

- 3 biopsies from the right testicle – no inflammation



PET/CT



...POLYARTERITIS NODOSA (PAN)

- Systemic necrotizing vasculitis that typically affects medium-sized muscular arteries, with occasional involvement of small muscular arteries
- Usually idiopathic
- Annual incidence 4.4 to 9.7 per million
- Mostly middle-aged or older adults
- 1.5:1 male predominance



CLASSIFICATION CRITERIA

- Weight loss > 4 kg
- *Livedo reticularis*
- Testicular pain
- Myalgias or muscle weakness
- Mononeuropathy or polyneuropathy
- Diastolic BP > 90 mmHg
- Blood urea nitrogen ↑ or creatinine ↑
- Evidence of hepatitis B virus infection
- Characteristic arteriographic abnormalities
- A positive biopsy



TREATMENT

- Mild PAN – glucocorticoid monotherapy
 - If needed: methotrexate or azathioprine
- Moderate or severe PAN – glucocorticoids + cyclophosphamide
- PAN + HBV/HCV infection – initially antivirals only
 - If needed: short-term glucocorticoids + plasma exchange
- Arterial hypertension – angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor antagonist



THANK YOU!

Questions?

