Acute abdomen due to intestinal ischemia as an initial presentation of polyarteritis nodosa

Poliarteritis nodosa'nın başlangıç prezentasyonu olarak intestinal iskeminin neden olduğu akut abdomen

To the Editor,

Polyarteritis nodosa (PAN) is a rare form of systemic vasculitis that predominantly affects male (M/F: 1.5/1) and mostly occurs in the 4th decade (1). In rare cases, PAN is associated with hepatitis B infection (2). Gastrointestinal involvement occurs in 14 to 65% of patients with PAN (3-5). However, acute surgical abdomen associated with the intestines as the first manifestation of PAN is a rare event (6,7). Although prognosis has significantly improved owing to immunosuppression, PAN may still have a fatal course when gastrointestinal complications occur.

A 59-year-old woman was presented to the emergency department with recurrent bouts of postprandial abdominal pain and nausea for the last one month. Her medical history was remarkable for lower respiratory tract infection with underlying bronchiectasis and recurring joint pain. On physical examination, she was weak and the entire abdomen was mildly tender on palpation. The laboratory tests were as follows: white blood cells (WBC), 19700/mm; hemoglobin (Hb), 9.9 g/dl; platelets, 485000/mm; C-reactive protein (CRP), 161 mg/L; and erythrocyte sedimentation rate (ESR), 82/mm.

C-reactive protein and WBC remained high despite antibiotic treatment. Neither upper nor lower endoscopy showed significant findings. Abdominal computerized tomography (CT) scan revealed normal mesenteric vasculature. However, small- to medium-sized systemic vasculitis involving the mesenteric vasculature was suspected given the history of arthralgias, persistent anemia, elevated WBC and platelets, hypergammaglobulinemia, positive autoantibodies including anti-nuclear antibodies (ANA) (+3 homogeneous) and ANCA as well as active urinary sediment. Since abdominal pain was intensified and the examination was consistent with acute abdomen despite appropriate antibiotic treatment, laparotomy was performed, which showed distended intestinal loops and segmental ischemia from the jejunum to the ileum

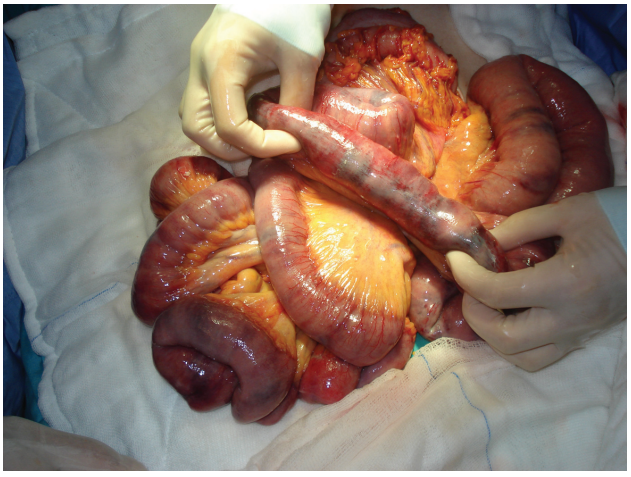

Figure 1. Skipping areas of intestinal ischemia of the distended loops of the involved jejunum.

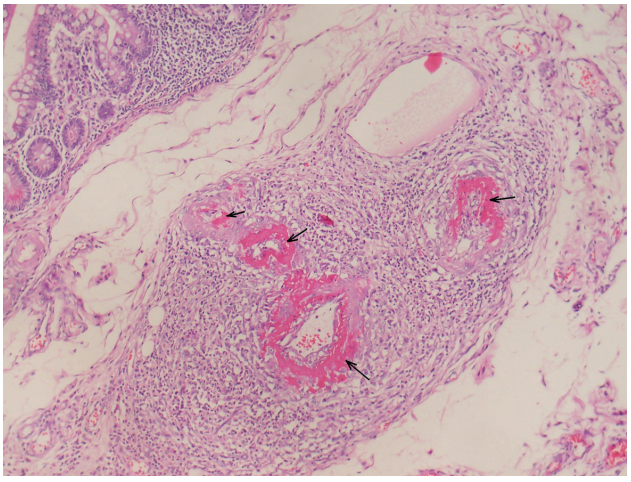

Figure 2. Intense inflammation of submucosal medium-sized vessel walls with circumferential or eccentric/segmental fibrinoid necrosis; giant cells are absent (HE, original magnification x40).

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(Figure 1). She underwent subtotal resection of the small intestine. The pathology of the resection was consistent with PAN (Figure 2); therefore, treatment protocol with intravenous pulse steroid and cyclophosphamide was started. However, she developed severe leukopenia on the 8th day of immunosuppressive treatment and granulocyte colony-stimulating factor (G-CSF) was initiated. Repeat bronchoscopy revealed widespread tissue destruction due to infection. Septic shock developed despite antibiotic and antifungal treatment, and she succumbed to death subsequently.

The diagnosis of PAN is established with the combination of clinical, serological, hematological, radiological, and histological findings. Histological evaluation of biopsy or resection material showing inflammation and fibrinoid necrosis of small- to medium-sized arteries is the gold standard for diagnosis. Immunosuppression with corticosteroid and cyclophosphamide is the mainstay of treatment particularly for the patients with gastrointestinal involvement. However, treatment should be customized according to the patient's general condition and comorbidities. Omitting or reducing the dose of cyclophosphamide in an effort to avoid severe bone marrow suppression in patients with a recent history of or tendency to infections would be a reasonable approach.

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A rare case of primary intestinal lymphangiectasia diagnosed by double balloon endoscopy

Çift balon endoskopi ile tanı konulan nadir bir primer intestinal lenfanjiektazi olgusu

To the Editor,

Protein-losing enteropathies (PLEs) are a wide variety of disorders characterized by excessive loss of serum proteins into the gastrointestinal tract. Intestinal lymphangiectasia (IL) is a rare cause of

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