Approach to Patients with Vasculitis

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Patients with systemic vasculitis usually present with cutaneous vasculitis and predominant constitutional symptoms, including fever, anorexia, weight loss, and polyarthritis. There is a wide variety of vasculitic syndromes according to causes (primary or secondary), sizes of blood vessel affected (large, medium, or small), and dominant clinical patterns (pulmonary-renal or dermo-renal syndrome, etc). Generally, laboratory results show nonspecific signs of inflammation such as increased erythrocyte sedimentation rate (ESR), elevated C-reactive protein (CRP), anemia, leucytosis, and eosinophilia. Whereas, other laboratory tests may be abnormal, depending on the degree of organ involvement. Angiogram can be useful in identifying the characteristic patterns of inflammation in the affected large- and medium-sized blood vessels. Serologic tests including cryoglobulins, anti-nuclear antibodies (ANA), and anti-neutrophil cytoplasmic antibody (ANCA) can confirm the diagnosis of vasculitis under clinical background. Nonetheless, a definite diagnosis requires the affected tissue histology to elucidate the pattern of blood vessel inflammation. Most systemic vasculitis can be benign diseases restricted to skin involvement accompanying with the minor severity of constitutional symptoms. They are likely to spontaneously resolve without permanent organ damage after controlling the activity of underlying diseases or removing the precipitating factors. However, vasculitis is sometimes severe and rapidly leads to irreversible organ dysfunction or even life-threatening condition, which requires early and aggressive corticosteroid treatment and immunosuppressive drugs – cyclophosphamide, azathioprine, methotrexate, and other chemotherapeutic agents. The prognosis of vasculitis is related to the degree of end-organ involvement and vital function of damaged organ.

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