C- ANCA Vasculitis
with Rapidly Progressive Acute Renal Failure
Meghan M Krowicki, OMS III

Learning Objectives
- Describe the pathophysiology of C-ANCA vasculitis
- Identify the important signs and symptoms of C-ANCA vasculitis and know when to include it in your differential diagnosis
- Recognize that C-ANCA is a disease of high morbidity and mortality

Diagnosis of C-ANCA Vasculitis
- 62% of diagnoses are delayed due to physician oversight or patient failure to seek care.
- Lung hemorrhage + glomerulonephritis = RED Flag
- Physical Exam
  - CBC, SrCr, liver function, ESR, CRP
  - Serology for viral hepatitis, urolithiasis, blood cultures
  - ANA, complement C3/4, ANCA
- CXR: Granuloma
- US/CT Abd/Pelvis
- Vascular imaging
- Renal Biopsy is Confirmative

Treatment of C-ANCA Vasculitis
1) Induction of remission:
   - Cyclophosphamide and corticosteroids (prednisone)
2) Maintenance of remission:
   - Cyclophosphamide, methotrexate, azathioprine or rituximab for 12-18 months
   - Lowest dosage of corticosteroids to control symptoms
3) Treatment of relapse:
   - 6 month follow up interval

Take Home Points
1. C-ANCA vasculitis carries a poor prognosis: difficulties with preventing relapse, organ damage, and adverse side effects of therapy
2. Hemoptysis + Hematuria = Red flag for C ANCA vasculitis
3. Improved patient morbidity and mortality with rapid identification of disease and induction of treatment

References