Alveolar hemorrhage in Wegener's granulomatosis

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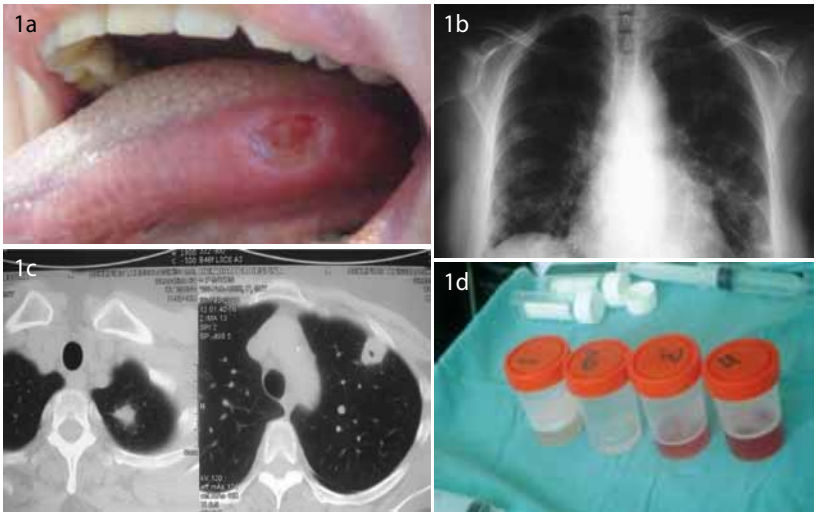
A 54 year-old woman was referred for evaluation of "nodular sarcoidosis" unresponsive to corticosteroid treatment. She was anaemic (Ht 23%), and had WBC 18.000/mL, serum creatinine 2.7 mg/mL, microscopic haematuria with renal casts, and an ulcer of the tongue (Figure 1a). She had a history of nose bleeds. Chest X ray showed diffuse interstitial shadowing (Photo 1b), and chest computed tomography (CT) showed multiple cavitating nodules (Figure 1c). Antibody testing for serum c-ANCA was positive. Pulmonary function tests showed a restrictive pattern with a high diffusion capacity. Bronchoalveolar lavage revealed alveolar haemorrhage (Figure 1d). The condition was diagnosed as WEGENER'S granulomatosis, and the patient was transfused and started on methylprednizolone 1g IV for 3 days and 1 g cyclophosphamide on the 4th day plus MESNA with repeat 6 monthly doses. She continued with prednisone 1 mg/Kg tapering, TMP/SMX for pneumocystis prophylaxis, and diphosphonates+Vit D. She is currently being treated with azathioprine and of prednisone, and she shows stable improvement with serum creatinine 1.7 mg/mL. A repeat HRCT of the chest is clear.

This condition can turn out to be fatal if the initial diagnosis is not made quickly and treatment started promptly. It is often misdiagnosed, usually as pneumonia, lung cancer, sarcoidosis or as a fungal infection of the lung.



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