Polyarteritis Nodosa (PAN)

Clinical Features, Investigations & Treatment

Introduction

Necrotizing Vasculitis of Medium-sized arteries → Aneurysm & Thrombosis → Infarction of affected organ & Severe systemic inflammation

- Association: Hepatits B
- Male : Female = 2 : 1
- Age – 40 – 50 years

Pathology

Fibrinoid Necrosis, Inflammation & Vessel Occlusion

Pearl

Granulomatous inflammation, if present, suggest other diagnoses

Clinical Features

- **Systemic:** Fever, myalgia, arthralgia and weight loss
- **Skin:** Palpable purpura, ‘punched out’ ulceration, nodules, infarction and livedo reticularis.
- **Renal:** Main cause of death.
  - Severe hypertension and/or renal impairment
  - Glomerulonephritis is rare in PAN
- **Neurology:** Arteritis of the vasa nervorum in 70% - Symmetrical sensory & motor neuropathy
- **Cardiac:** Angina/MI, Cardiac failure
- **GI:** Pain abdomen, Perforation, Malabsorption
- **GU:** Orchitis

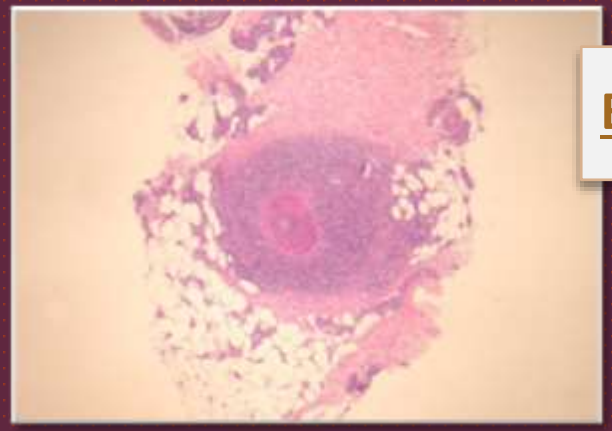
Clinical Pearl

PAN usually spare lungs

Investigations

Angiography

- Conventional *or* Magnetic Resonance (MRA)
- Mesenteric, Hepatic or Renal System
- Multiple aneurysms and smooth narrowing of arteries



Biopsy – Renal *or* affected organ

- **CBC** – Anemia, Leucocytosis – Eosinophilia in 30%
- **ESR & CRP** – Raised
- **ANCA** – Negative
- **Hepatits-B serology**

Treatment

- **BP** control
- **Corticosteroids**
- **Steroid sparing agents**
  - Added in organ-threatening or acute severe disease
  - High-dose glucocorticoids and intravenous cyclophosphamide
  - Maintenance Therapy - Lower-dose Glucocorticoids & Azathioprine / Methotrexate / Mycophenolate mofetil (MMF)
- **Hepatits B treatment** - After initial treatment with steroids

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