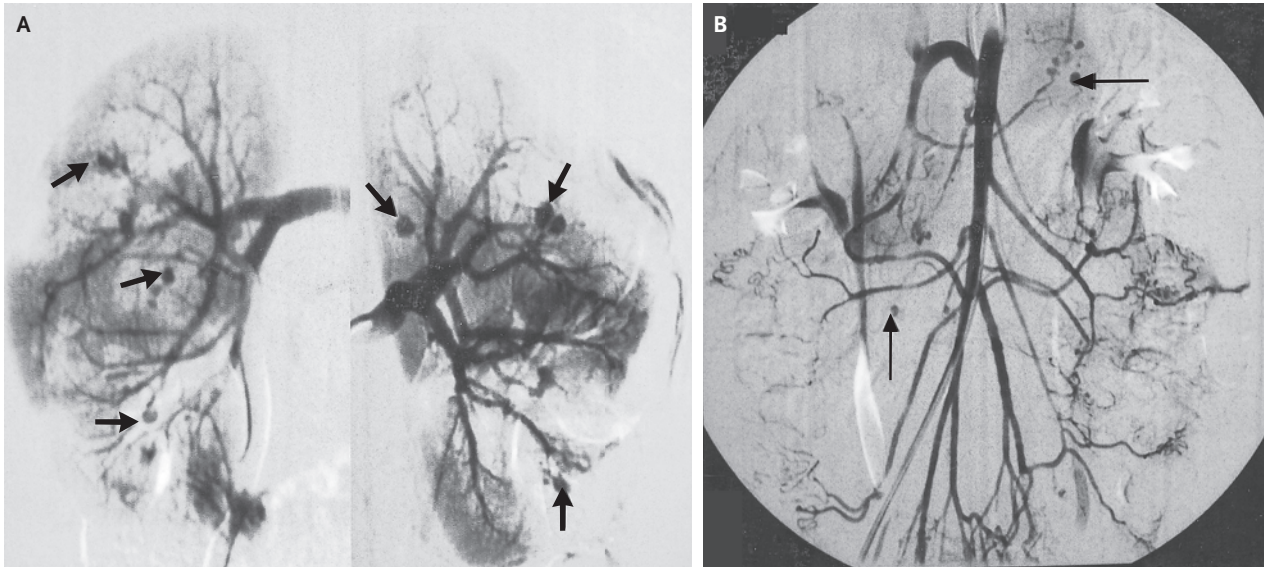


IMAGES IN CLINICAL MEDICINE

Arterial Microaneurysms
in Polyarteritis Nodosa

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A 19-YEAR-OLD MAN PRESENTED WITH A 10-MONTH HISTORY OF RAYNAUD'S phenomenon, fever, abdominal pain, and hypertension. On examination, he had multiple subcutaneous nodules on his forehead, and his blood pressure was 150/100 mm Hg. Laboratory findings included a normal urine sediment, an elevated erythrocyte sedimentation rate, mild anemia, and leukocytosis, with negative tests for antineutrophil cytoplasmic autoantibody, hepatitis B surface antigen, and hepatitis C antibody. Angiography revealed multiple microaneurysms involving the parenchymal branches of the hepatic artery, splenic artery, renal artery (Panel A, arrows), and superior mesenteric artery (Panel B, arrows). Biopsy of a subcutaneous nodule revealed necrotizing inflammation of medium-sized arteries, and vasculitis was noted in renal biopsy specimens — findings consistent with a diagnosis of polyarteritis nodosa. The patient was treated with corticosteroids, resulting in the resolution of his symptoms, including the skin nodules, fever, and abdominal pain. His increased blood pressure was controlled with the use of enalapril and nimodipine. He continues to do well and is asymptomatic while receiving azathioprine. Multiple aneurysmal dilatations up to 1 cm in diameter, involving the bifurcations and branches of small- and medium-size arteries, are characteristic of polyarteritis nodosa.

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