



Fatal Pulmonary Hemorrhage in a Patient with Anca Positive Vasculitis

Anca(+) Vaskülitli Bir Hastada Ölümcül Akciğer Hemorajisi

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Sir,

A 58-year-old, non-smoker man without a medical history presented to emergency department with fatigue, bimalleolar petechiae and renal failure. On admission he was anuric and laboratory findings were urea 244 mg/dl, creatinine 5.15 mg/dl and GFR 12 ml/min/1.73m². A central catheter was placed and intermittent hemodialysis therapy was started. Autoimmune blood tests and renal biopsy specimen revealed crescentic glomerulonephritis with PR3-ANCA/C-ANCA positivity. Intravenous

cyclophosphamide (12 mg/kg) and pulse steroid therapy (1 gr methylprednisolone) was given. At the 3rd day of the therapy, sudden dyspnea, haemoptysis and a fall in haemoglobin (8.1 gr/dl to 6.3 gr/dl) occurred. Blood gas analysis revealed Ph 7.03, PaO₂ of 25 mm Hg, PaCO₂ of 61 mm Hg, Lactate 8.28 mmol/L on 100% oxygen mask and he was intubated. Intense hemorrhagic secretion was observed. Chest radiograph revealed a newly formed and sharply delineated right upper lobe infiltration (Figure 1A). Thorax CT and chest radiograph taken the day before showed no abnormalities (Figure 1B,C). Unfortunately

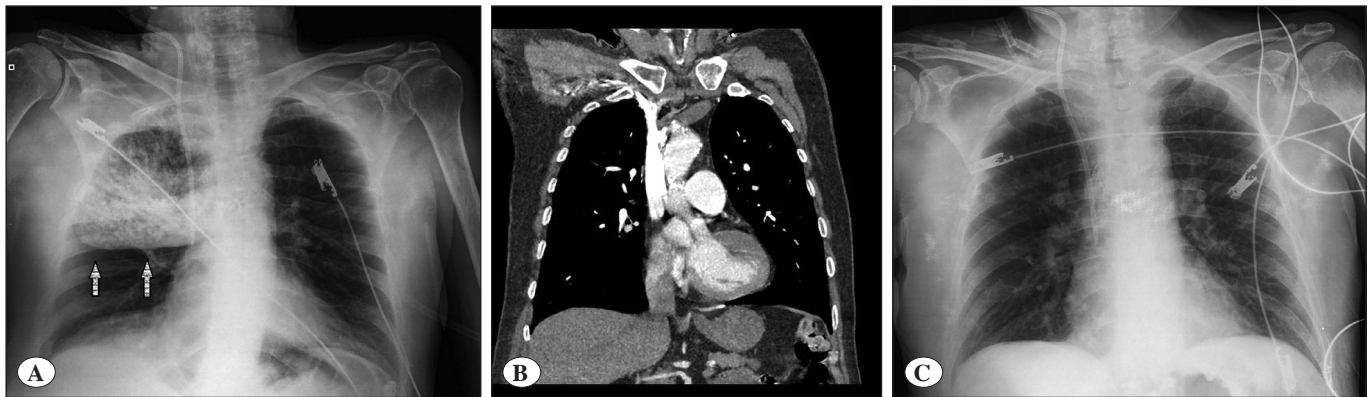


Figure 1. A) Chest radiograph image of pulmonary hemorrhage as sharply delineated right upper lobe infiltration B,C) Chest radiograph and Thorax CT images without any signs of pulmonary hemorrhage.

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the patient had cardiovascular arrest and died in hours due to respiratory failure before further interventions. Pulmonary-renal syndrome can threaten life in some cases (1,2). Although rare, fatal pulmonary hemorrhages may occur in the course of ANCA-associated vasculitis as a serious complication (3).

CONFLICT OF INTEREST

The authors have declared no conflict of interest.

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