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Colonic vasculitis in a woman with end-stage kidney disease and HIV infection

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Dear Editor,

We present the case of a 57-years old woman with bloody diarrhea, fever, and abdominal pain. Her medical history included HIV infection with undetectable viral load and end-stage kidney disease secondary to HIV on dialysis. At admission, she had a painful abdomen, no skin lesions and blood stools in rectal examination. Laboratory findings include a white blood cells count of 12,900 x 103 cells/µL, CD4 counts were 243 cells/µL and C-reactive protein of 24.5 mg/dl. Serologies, cytomegalovirus and PCR Sars-Cov2 were negative. Serum anti-neutrophil cytoplasmic antibody (ANCA, peri-nuclear pattern, 1/2560) with myeloperoxidase (MPO) specificity. Treatment with piperacillin-tazobactam and metronidazole was started, without clinical response. Colonoscopy identified deep oval and starry ulcers with well-defined borders throughout the colon (Fig. 1), and histology reveals focal images of parietal fibrinoid necrosis in a small-medium size vessel, suggestive of necrotizing vasculitis (Fig. C). The patient began treatment with intravenous methylprednisolone bolus (500 mg for 3

days) and then tapering dose with symptoms resolution after five days. ANCA vasculitis (MPO) affects small and medium vessels, chin in an atypical presentation can affect the gastrointestinal tract. Areas of focal necrosis and ulcerations in colonoscopies were highly suggestive in taking biopsies.

Discussion

Gastrointestinal involvement of ANCA-associated vasculitis limited to the colon is a rather uncommon scenario (1). Colonoscopy show the multiple shallow ulcers with or without perforation. Colon biopsies may contribute to stablishing a specific diagnosis. Moreover, GI involvement in systemic necrotizing vasculitides has been associate with high mortality. There are few reports of colonic vasculitis without compromised other organs (2,3).

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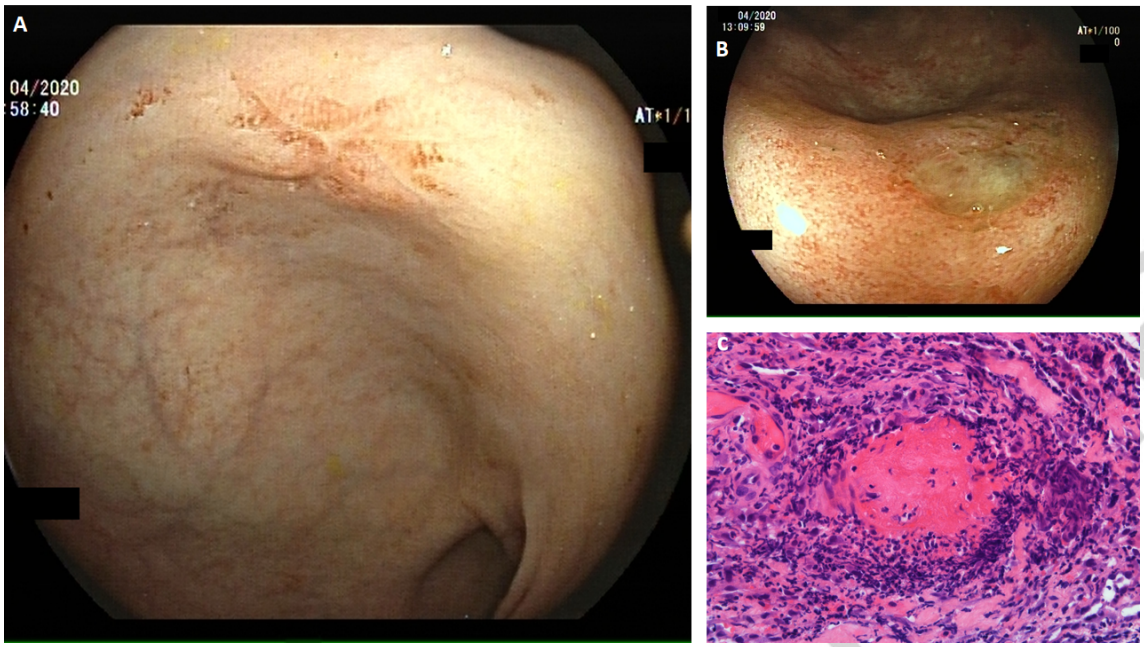

Figure 1. A and B) Deep oval and starry ulcers with well-defined borders in sigmoid and transverse colon biopsy during colonoscopy. C) Hematoxylin and eosin stain (100x and 400x). Colorectal mucosa with focal images of parietal fibrinoid necrosis in a small-medium size vessel, suggestive of necrotizing vasculitis. Immunohistochemical stains showed a CD4/ CD8 lymphocyte ratio of 20/ 80, no granulomas (CD68-), microorganisms, HHV8, CMV or EBV were observed.