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Eosinophilic Granulomatous with Polyangiitis Presenting as Interstitial Lung Disease: A Case Report

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Background: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare vasculitis associated with neutrophil anticitoplasm antibodies (ANCA). Asthma is the most common manifestation in EGPA.Regarding the pulmonary manifestations, findings are heterogeneous, depending on severity of the disease, type of antibodies involved, and genetics.

Case History: A 68 years old man with known interstitial lung disease, ischemic hypertensive heart disease, asthma,was admitted to Internal Medicine Unit with fever, dyspnea, asthenia, weight loss and lower extremity petechiae;chest HRCT showed ground glass opacities and consolidations;laboratory exams noted increased inflammation indices, peripheral eosinophilia (WBC= 12.76/mmc, Eo= 1600/mmc), moderate anemia, reactive type platelet disease, polyclonal hypergammaglobulinemia, isolated ANCA (p-ANCA) positivity. Blood, urine, bronchial washing fluid cultures were negative. After an integrated and collaborative interdisciplinary approach, the diagnosis of EGPA was established according to the 2022 ACR-EULAR criteria (interstitial lung disease, eosinophilia, p-ANCA positivity). Patient received oxygen therapy, mycophenolate and prednisone with clinical improvement of symptoms and resolution of fever.

Discussion: Ground glass opacities, consolidations/nodules and eosinophilic pneumonia are the most frequent findings in EGPA patients on HRTC; advanced pulmonary fibrosis is rarely reported. Early EGPA diagnosis with functional and radiologic follow-up of lung involvement are necessary to identify patients with progressive disease and to improve the clinical outcome of these patients.

References

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