Hydralazine Induced Vasculitis

Ashley Keyes, MD
Evaluation

• Infection?
  – Blood, urine and sputum cultures
  – Tissue culture
Evaluation

• Malignancy?
  – Imaging
Evaluation

• Inflammatory?
  – Biopsy
  – ESR, ANA, AHA, ANCA
Laboratory

- ESR – 116
- ANA – 1:320
- Histone antibody – 3.0 (0 – 0.9)
- Myeloperoxidase antibody – 99 (0 – 19)
- Protease 3 antibody – 165 (0 – 19)
Hydralazine Induced ANCA Vasculitis
<table>
<thead>
<tr>
<th>Hydralazine Induced -</th>
<th>ANCA+ Vasculitis</th>
<th>Lupus Erythematosus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>Rare</td>
<td>5-10%</td>
</tr>
<tr>
<td>Clinical presentation</td>
<td>Constitutional symptoms and shortness of breath</td>
<td>Fever, arthralgias, myalgias and serositis</td>
</tr>
<tr>
<td>Target organ systems</td>
<td>Renal, pulmonary, gastrointestinal, integumentary</td>
<td>Musculoskeletal, integumentary</td>
</tr>
<tr>
<td>Antibody profile</td>
<td>ANA, AHA, ANCA*</td>
<td>ANA, AHA, ANCA</td>
</tr>
<tr>
<td></td>
<td>*Myeloperoxidase, human leukocyte elastase and lactoferrin</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>Medication cessation +/--systemic immunosuppression</td>
<td>Medication cessation</td>
</tr>
</tbody>
</table>
DRUG-ASSOCIATED ANTINEUTROPHIL CYTOPLASMIC ANTIBODY-POSITIVE VASCULITIS

Prevalence Among Patients with High Titers of Antimyeloperoxidase Antibodies

HYON K. CHOI, PETER A. MERKEL, ALEXANDER M. WALKER, and JOHN L. NILES
Conclusions

• Mucosal and acral predilection
• Consider medications
• Promptly discontinue causative drug and initiate systemic immunosuppression
References


References


Thank you!