

# Hydralazine Induced Vasculitis

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# Evaluation

- Infection?
  - Blood, urine and sputum cultures
  - Tissue culture



# Evaluation

- Malignancy?
  - Imaging



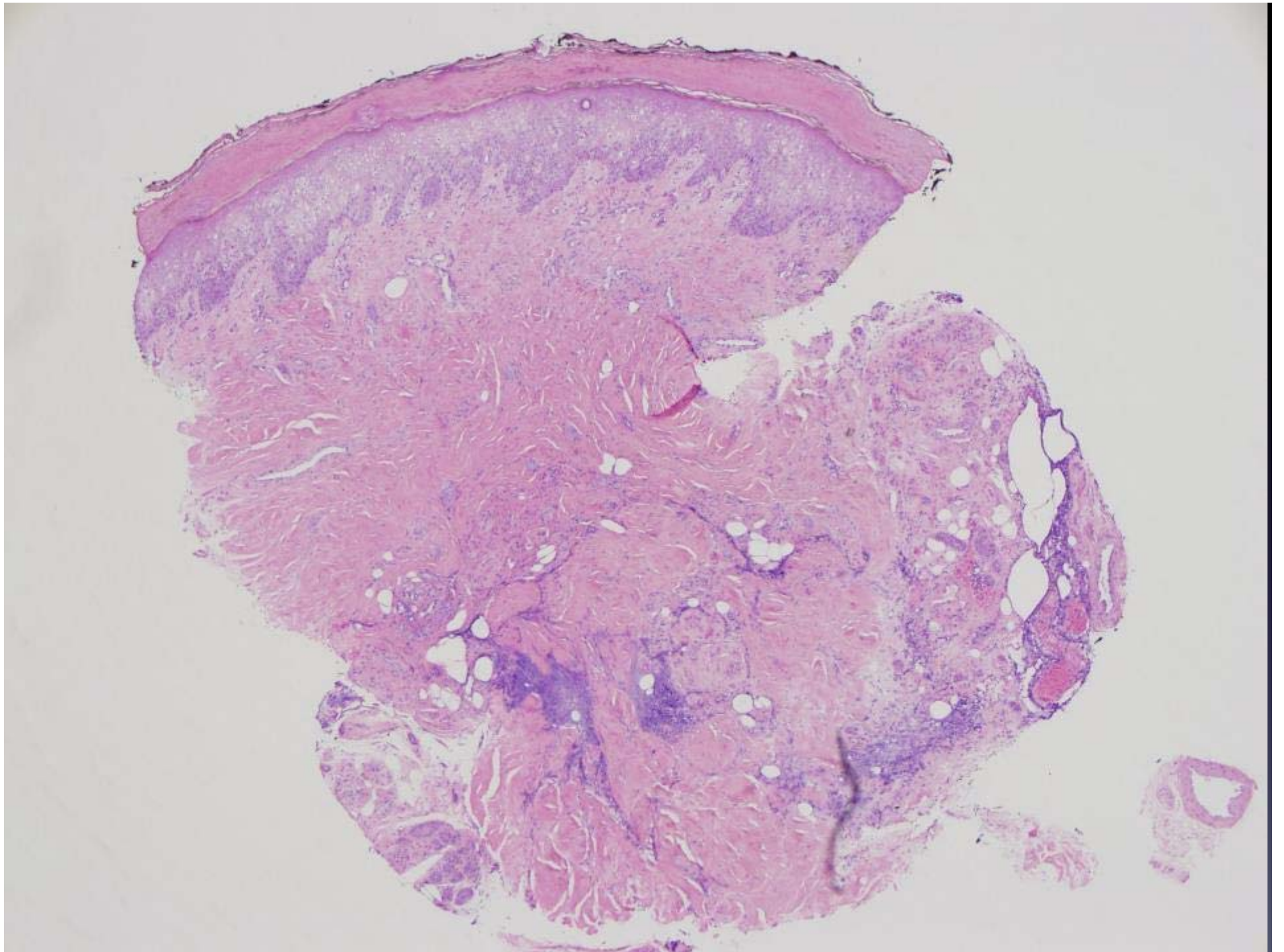
# Evaluation

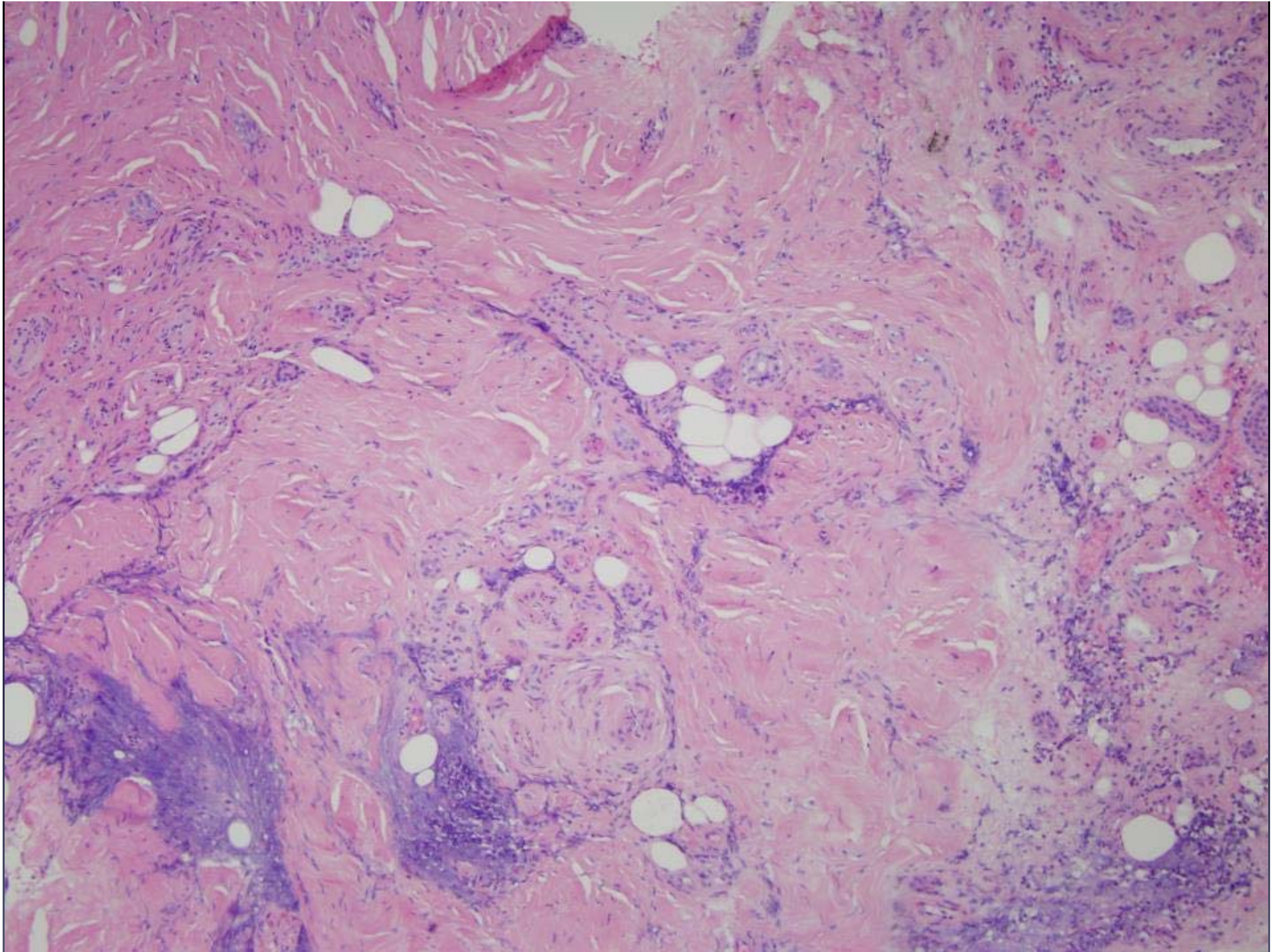
- Inflammatory?
  - Biopsy
  - ESR, ANA, AHA, ANCA



# Laboratory

- ESR – 116
- ANA – 1:320
- Histone antibody – 3.0 (0 - 0.9)
- Myeloperoxidase antibody – 99 (0 – 19)
- Protease 3 antibody- 165 (0 – 19)

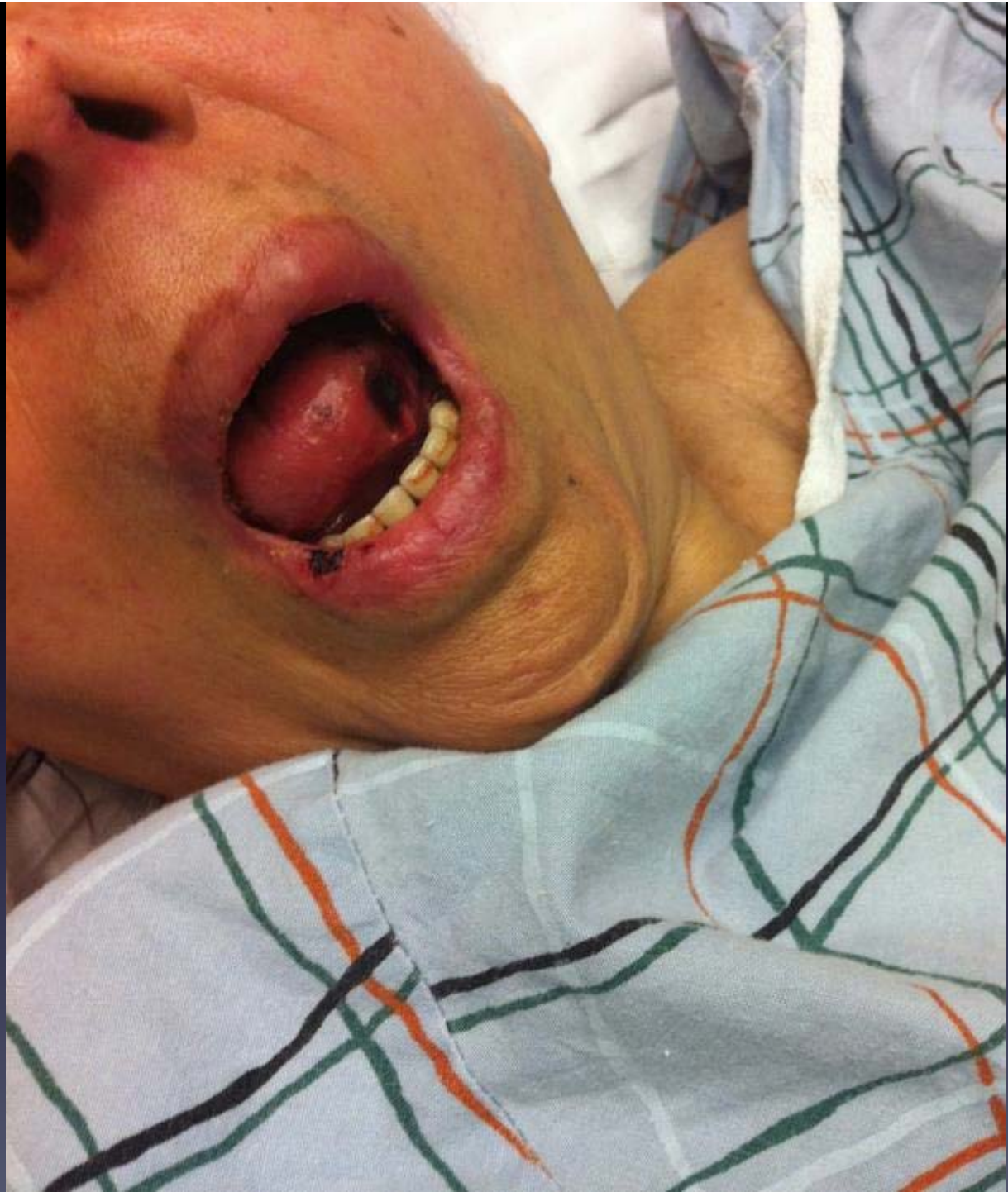






**Hydralazine Induced ANCA Vasculitis**







## Hydralazine Induced -

## ANCA+ Vasculitis

## Lupus Erythematosus

Prevalence	Rare	5-10%
Clinical presentation	Constitutional symptoms and shortness of breath	Fever, arthralgias, myalgias and serositis
Target organ systems	Renal, pulmonary, gastrointestinal, integumentary	Musculoskeletal, integumentary
Antibody profile	ANA, AHA, ANCA* *Myeloperoxidase, human leukocyte elastase and lactoferrin	ANA, AHA, ANCA
Treatment	Medication cessation +/-systemic immunosuppression	Medication cessation



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

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Thank you!