



1822 - Localized Vasculitis of the Gastrointestinal Tract: A Case Series

Tuesday, October 20, 2009: 9:00 AM - 11:00 AM  
Hall D (Pennsylvania Convention Center)

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**Purpose:**

Localized vasculitis of the gastrointestinal tract (LVGT) occurring in isolation is unusual. The objective of this study is to describe the clinical features and outcomes of patients with LVGT.

**Method:**

Medical records of 608 patients diagnosed with vasculitis involving the intraabdominal vasculature and/or abdominal viscera between 1/1996 and 12/2007 were reviewed. Only patients with histopathological confirmation or typical angiographic findings of vasculitis were included; patients with evidence of vasculitis outside the abdomen were excluded.

**Results:**

We identified 18 cases with LVGT over the 12-year study period. The patients were predominantly Caucasian (89%) and female (67%). Mean age at diagnosis: 53.6 (±16.9) years. Most presented with abdominal pain (94%). Other symptoms included nausea (56%), vomiting (44%), diarrhea (44%) and abdominal angina (44%). GI bleeding (17%) was uncommon.

At presentation, mean hemoglobin was 12.7 (±1.6) g/dL, mean ESR was 30.6 mm/hour (±23.6) and mean CRP was 20.2 mg/L (±22; nl <8.0mg/L). ANCA, cryoglobulins and RF were negative in all patients tested. ANA and hepatitis C antibody were positive each in 1. Hepatitis B surface antigen was absent in all tested. Abdominal computed tomography (CT) scan findings included: bowel wall thickening, 3 (25%); bowel infarction, 2 (17%); liver infarcts, 2 (17%); splenic infarcts, 3 (25%). Conventional angiography was performed in 14 (78%) patients, 6 patients (33%) had CT angiography and 6 patients (33%) magnetic resonance (MR) angiography. Findings are listed in the table. Eleven patients (61%) underwent surgical intervention. Histologic confirmation of necrotizing vasculitis was recorded in 5 (28%) of patients, most commonly from gallbladder or small intestine specimens.

Corticosteroid therapy was administered to 10 patients (56%), 4 of whom also received other immunosuppressive agents. Mean follow-up was 12.6 (± 26.6) months. No evidence of vasculitis in other districts was observed during the follow-up. Eight patients (44%) died during the follow-up period (mean survival from diagnosis 6.7 (± 11.6) months) and of these, 3 deaths were related to vasculitis.

**Conclusion:**

This largest series of LVGT reported to date reveals this uncommon form of vasculitis to be associated with significant morbidity and mortality. Laboratory tests are nonspecific; imaging is particularly helpful in assessing patients with suspected LVGT. Optimal treatment remains to be defined.

Table . Angiogram findings

Angiogram findings	No. of patients (%) (N= 15)				
	aneurysm	stenosis	thickening	dilatation	occlusion
Celiac	3 (20)	7 (46.7)	2 (13.3)	2 (13.3)	2 (13.3)
Hepatic	1 (6.7)	5 (33.3)	0	3 (20)	3 (20)
Gastric	1 (6.7)	1 (6.7)	0	0	0
Splenic	2 (13.3)	4 (26.7)	0	0	3 (20)
Superior mesenteric	3 (20)	10 (66.7)	2 (13.3)	6 (40)	2 (13.3)
Inferior mesenteric*	0	5 (35.7)	1 (7.1)	4 (28.6)	1 (7.1)
Right renal	1 (6.7)	4 (26.7)	0	3 (20)	0
Left renal	1 (6.7)	3 (20)	0	1 (6.7)	0

\* N = 14

**Keywords:** gastrointestinal complications and vasculitis

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