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RHEUMATOID VASCULITIS PRESENTED WITH MONONEURITIS MULTIPLEX : A CASE REPORT

General Medicine

Dr. Meghal Anadkat — Associate professor, General Medicine, P.D.U. Civil Hospital, Rajkot
Dr.Vatsal Sampat — 3rd year Medicine Resident, P.D.U. Civil Hospital, Rajkot
Dr. Ravi Chaudhary — 2nd year Medicine Resident, P.D.U. Civil Hospital, Rajkot

ABSTRACT

Rheumatoid Arthritis is the leading cause of autoimmune arthritis and related morbidity in developed and third world countries. The common complications associated with RA are articular and systemic involvement. Rheumatoid vasculitis which affects small-to-medium-sized vessels is a rare and late complication of rheumatoid arthritis. It is defined histologically as immune complex deposition in venules, capillaries and arterioles. Vasculitis in the vasa nervorum leads to infarction of peripheral nerves which leads to neuropathy. An isolated presentation of mononeuritis multiplex without other features of systemic rheumatoid vasculitis in RA is a rarer entity.

KEYWORDS

Rheumatoid Arthritis, Rheumatoid Vasculitis, Mononeuritis Multiplex, Foot Drop

INTRODUCTION

Mononeuritis multiplex is caused by various pathological conditions, although the main cause is vasculitis. Rheumatoid vasculitis occurs in some patients who have had rheumatoid arthritis over a long period of time, and most patients have refractory disease, such as progressive joint destruction. It is rare for Rheumatoid Vaculitis to develop in patients with RA who have achieved sustained clinical remission over a long period. In such cases, the diagnosis and treatment tend to be delayed. We herein report a case of vasculitic mononeuritis multiplex in RA with an atypical presentation of Rheumatoid Vasculitis.

Case Report

A 55 year old male presented to Civil hospital, Rajkot with chief complains of tingling and numbness for last 6 months in lower limb(in left foot>right) and for last 5 months in hands(left>right) , difficulty in buttoning and unbottoning of clothes for last 3 months , slippage of slippers for last 1 month. Patient is known case of Rheumatoid Arthritis since last 1.5 yrs and was on irregular treatment. No significant past history of similar complaints, operative history, trauma. No any strong family history found.

Examination

Patient was vitally normal.

On General Examination and Head to Toe examination , Wasting of thenar and hypothenar muscles(left>right) was found and swelling of bilateral PIP and wrist joint was found with Ulnar deviation of all fingers with boutonniere deformity(flexion of PIP joint and hyperextension of DIP joint) on left hand.

CNS Examination :

1. Higher mental functions : Intact
2. Cranial Nerves : Normal
3. Motor examination:

- Attitude : B/L foot drop(L>R)
- Gait : High stepping gait
- Nutrition : Muscle bulk normal except hand and foot(wasting present)
- Tone : Normal in all joint except wrist and ankle joint(hypotonia)
- Power : Diminshed in distal joints wrist and ankle joint onwards (left>right)
- Small muscles of hand and dorsiflexors ,evertors and invertors are weak.

4. Sensory Examination :

Sensory deficit: present more on lower limb than upper limb and also more on left side than right
Touch: diminished in foot and hand
Pain: diminished in foot and hand
Temp: diminished in foot and hand
Proprioception: diminished at metatarsal level
Vibration: diminished at ankle ,lost at great toe

5. Reflexes :

All superficial reflexes are preserved.
DTR :
Biceps : +2
Triceps : +2
Supinator : +1
Knee : +2
Ankle : 0

No evidence of bladder, bowel, or bulbar dysfunction
Rest of the systemic examination was unremarkable.

Investigations

Hemoglobin : 11.7 gm/dl
WBC : 6500 /cmm
Platelets : 2.12 lac/cmm
ESR : 88
RBS : 92 mg/dl
S. Creatinine : 0.8 mg/dl
RA factor : Positive
Anti CCP : Positive
CRP : Positive
HIV non reactive
HbsAg negative
Anti HCV negative

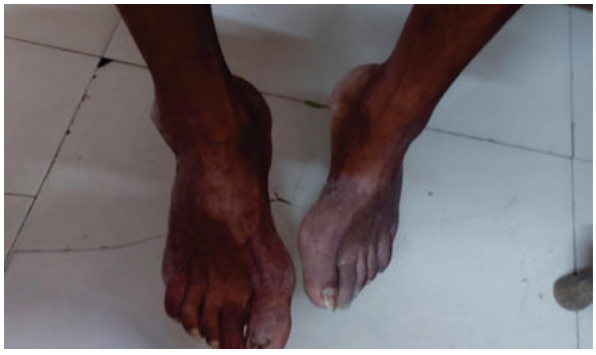
S. Vit B12675
TSH3.5
FT41.1
Ft33
S .ANA Positive(++)

Nerve conduction study :

Absent bilateral tibial, peroneal and ulnar CMAP. Reduced amplitude of left >> right median nerve CMAP.

Absent bilateral median ,ulnar ,sural and superficial peroneal SNAP.

ECG: WNL
CXR : NAD



DISCUSSION:

This patient was treated with Injectable methyl prednisolone for 3 days and was discharged subsequently on oral steroids with plan to add immunosuppresants on follow up. Rheumatoid vasculitis is a rare complication with 1% incidence rate. Extra-articular manifestations develop in 40% of patients with RA and contribute to significant disease-related morbidity and mortality. Among these, systemic rheumatoid vasculitis(RV) characterized by inflammation of mid-size arteries and capillaries, has a particularly poor outcome. About 40% of patients with RV die within 5 years due to damage from vasculitis and/or consequences of immunosuppressive therapy. Most common manifestations are cutaneous (almost 90% of cases of RV) such as nail-fold lesions, palpable purpura and leg ulcers. Less common manifestations are scleritis (0.3–6.3% incidence), pericarditis (<10% incidence), aortitis, pulmonary vasculitis and necrotizing glomerulonephritis (8%). Early identification of mononeuritis multiplex as a part of systemic rheumatoid vasculitis with early treatment prevented worsening of weakness and paresthesias.

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