



# BURNING PATHS AND SILENT CLUES UNVEILING VASCULITIC NEUROPATHY

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## **BACKGROUND & AIMS :**

Vasculitic neuropathies are a heterogenous group of disorders of peripheral nerve, which can either be associated with systemic vasculitis or can be non systemic. Most patients present with mononeuritis multiplex, hence an appropriate clinical suspicion is essential for diagnosis and management of these disorders

## **METHODOLOGY : CASE SERIES OF 5 PATIENTS :**

**Patient 1 :** 65 year old female came with burning pain in bilateral ankle, palms and foot associated with difficulty in walking and difficulty in holding slippers x 2 months. Power was 5/5 in hip, 4/5 in knee and 1/5 in ankle. Knee and ankle jerk were absent, bilateral plantar flexor. Sensory examination revealed reduced pain perception along Bilateral dorsal aspect of foot and palms and medial 1 ½ fingers. NCS showed Bilateral sensorimotor axonal polyneuropathy. CRP and ESR were elevated. Serum ANA and ANCA were negative. Nerve biopsy was suggestive of vasculitic neuropathy

**Patient 2 :** 38 year old female developed numbness in left foot, which extended upto ankle, then gradually developed similar complaints on right side. For past 3 years, she has difficulty in holding objects. For past 2 years to difficulty in walking. On examination, Power 4+ in both upper limbs with clawing noted in bilateral fingers, power was 4-/5 in hip, 4-/5 in knee and 0/5 in ankle. Knee jerk was 2+ and ankle jerk was absent, bilateral plantar flexor. On evaluation - Nerve conduction study showed Bilateral sensorimotor axonal polyneuropathy. CRP and ESR were elevated. ANA IF 2+; Hep2 2+, cytoplasmic pattern. Anti CCP was positive

**Patient 3 :** 65 year old male, came with complaints of numbness of both hands followed by weakness of both hands below wrist for 3 ½ months, followed by numbness and weakness of both feet for 3 months. On examination, Power 4+ in both upper limbs, power was 4-/5 in hip, 4-/5 in knee and 4/5 in ankle. Knee jerk was 2+ and ankle jerk was absent, bilateral plantar flexor. On evaluation - Nerve conduction study showed Bilateral sensorimotor axonal polyneuropathy. CRP and ESR were elevated. Serum pANCA was positive. Nerve biopsy showed features suggestive of vasculitic neuropathy

**Patient 4 :** 57 year old female developed burning pain and paresthesia in left foot, followed by right foot, ascending to both legs with weakness of both lower limbs for 5 months. History of similar complaints noted in both upper limb for 1 month. On examination, power was 4/5 in hip, 4/5 in knee and 0/5 in ankle. Knee and ankle jerk were absent, bilateral plantar flexor. On evaluation - Nerve conduction study showed Bilateral sensorimotor axonal polyneuropathy. CRP and ESR were elevated. ANA profile was negative, Nerve biopsy showed features suggestive of vasculitic neuropathy with axonopathy

**Patient 5 :** 42 year old female, presented with pain over legs for 1 month, difficulty in using both lower limbs for 3 days and swelling with paresthesia in both legs for 20 days. On examination, Power 4+ in both upper limbs, power was 4-/5 in hip, 4/5 in knee and 0/5 in ankle. Knee jerk was 2+ and ankle jerk was absent, bilateral plantar flexor. On evaluation - Nerve conduction study showed Bilateral sensorimotor axonal polyneuropathy. ANA IF DFS 4+; homogenous pattern. Nerve biopsy done showed features suggestive of vasculitic neuropathy

**RESULTS** : 5 patients were analysed as a case series. All 5 patients underwent extended blood panel, including autoimmune and serological tests and NCS. 4 patients had biopsy proven vasculitic neuropathy

**DISCUSSION** :

Vasculitic neuropathy has a characteristic clinical presentation with sensorimotor symptoms developing over weeks to months. Mononeuritis multiplex is the most common presentation of vasculitic neuropathies.

**CONCLUSION** :

Vasculitic neuropathy should be suspected in any patient presenting with mononeuritis multiplex. Hence a high index of clinical suspicion is necessary for diagnosis and appropriate management of these disorders, for preventing complications and morbidity

