# A Rare Case of Granulomatosis With Polyangitis Presenting As a Gastrointestinal Bleed

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## Introduction

- Blood in the stool leading to a unique presentation of granulomatosis with polyangitis. This case highlights the need to seek other diagnostic clues and options when the clinical picture and data do not fully explain the presenting symptoms.

## Case

- 64 year old Caucasian female
- Past Medical History: Mechanical Aortic valve (on Warfarin), right nephrectomy (Secondary to Renal cell carcinoma)
- Chief complaint: “There is blood when I go to the toilet”
- Additional symptoms: Hemoptysis, epistaxis & abdominal pain
- Multiple ED admissions with similar presentation
- Admission labs: Hemoglobin: 6.9 (Baseline 8-9). International normalized
- ratio: 3.6
- Fecal occult blood test: Positive

## Hospital Course

- Warfarin reversed with Vitamin K, however unable to normalize INR prior to scope in anticipation of intervention
- Endoscopy: Negative for source of bleed
- Colonoscopy: Negative for source of bleed: No biopsy performed due to high INR
- While admitted: Episodes of hematuria + epistaxis began to occur without an obvious cause . This led to a broader differential being constructed given no obvious explanation for symptoms
- Proteinase 3 anti-neutrophil cytoplasmic antibody: Positive
- Myeloperoxidase anti-neutrophil cytoplasmic antibody: Positive
- Kidney Biopsy: Deferred due to history of right nephrectomy. The benefits of confirming the diagnosis did not outweigh the benefits

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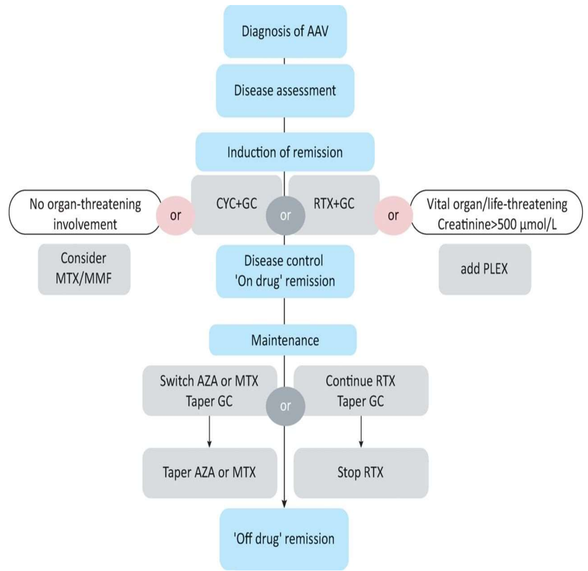


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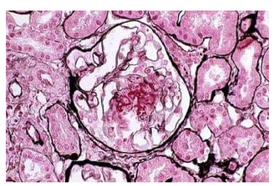

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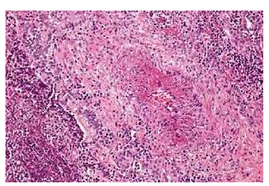

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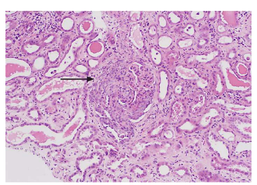
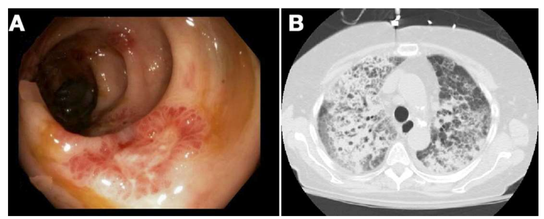


## Treatment

- Organ threatening/ life threatening VS Non-organ-threatening & non-life-threatening
- Induction therapy: Glucocorticoids + Rituximab OR cyclophosphamide . Drug therapy depends on which organ system may be involved (eg: Cyclophosphamide preferred in renal involvement)
- RAVE trial: Remission rates (64 % Rituximab Vs 53% Cyclophosphamide). Similar efficacy of both drugs and adverse outcomes were witnessed
- Avacaopan: C5A receptor antagonist sometimes used in conjunction with immunosuppressant's
- Our patient: Concurrent aortic root abscess + endocarditis. Further immunosuppression for this patient was not an option, thus treatment was withheld after a long discussion with the patient

## Discussion

- Rare to see gastrointestinal bleeding as a complication of this disease. Important to keep this diagnosis on the differential despite it’s rarity as it may be missed as a result
- Ruling out common causes of gastrointestinal bleed as the initial work-up, however when no obvious cause can be found, other rare causes must be considered
- Complex and detailed patient history is imperative. Returning to the history allowed for details pertaining to epistaxis and hematuria which aided in the diagnostic work-up
- Whilst this patient’s symptoms had previously been attributed to her high INR, the constellation of symptoms themselves required a broad differential
- Multifactorial in nature. There were several confounding factors which were contributing to her presentation, thus not anchoring on warfarin being the cause and exploring other options which may also have been playing a role was crucial in this case
- Utilization of specialists. This case required GI, Rheumatology and Nephrology to work simultaneously and in close unison in order to piece together the symptoms and determine the diagnosis.

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**D**: Jones RB, Tervaert JW, Hauser T, et al. Rituximab versus cyclophosphamide in ANCA-associated renal vasculitis. N Engl J Med 2010;363:211–20.
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**F:** DOI: https://doi.org/10.7861/clinmedicine.17-1-60 Clin Med February 2017