

<u>Disease</u>	<u>Vessel</u>	<u>Summary</u>	<u>Histological features</u>	<u>Symptoms</u>
(Temporal, Giant cell, Cranial) Arteritis	<p>Large to small sized arteries in the head</p> <p>Mainly (Temporal, vertebral, ophthalmic)</p> <p>May affect the aorta and causes Thoracic aortic aneurysm.</p>	<p>Chronic, Granulomatous inflammation</p> <p>Most common of Vasculitis in older adults.</p> <p>Ophthalmic involvement may lead to permanent blindness</p> <p>May cause chronic, non specific pancreatitis</p> <p>T-cell mediated immunity</p> <p>F *4 &gt; M</p> <p>50 yrs and Above (Rare Before)</p>	Fragmentation of the internal elastic lamina	<p>Headache</p> <p>Local facial pain</p> <p>Tenderness</p> <p>Ocular symptoms (50, Diplopia or Blindness)</p> <p>Diagnosis: Biopsy (at least 1cm)</p> <p>Could be negative (very focal involvement)</p>
Takayasu Arteritis (Pulseless Disease)	<p>Medium to Large arteries</p> <p>Mainly Affects arch of Aorta</p>	<p>Females</p> <p>40 yrs and Younger</p> <p>Asian (Japanese Mostly)</p>	Transmural Fibrous Thickening & Obliteration of the Arch of Aorta + Great vessels → Luminal narrowing.	<p>Symptoms are secondary to luminal narrowing:</p> <p>Ocular disturbances</p> <p>Marked weakening in the pulse of the Upper limb</p>
<p>Polyarteritis Nodosa</p> <p>PAN</p> <p>P: NO PULMONARY</p> <p>N: RELATED TO NECROSIS</p>	<p>Systemic Disease</p> <p>Small to medium sized arteries</p> <p>Mostly (Renal &amp; Visceral)</p>	<p>Young adults</p> <p>Males More common</p> <p>Scattered inflammation along the vessel</p>	Acute lesions show segmental transmural necrotizing inflammation extending around the vessel.	<p>Hematuria</p> <p>VERY PUZZLING</p> <p>Require a biopsy for Diagnosis</p>

		<p>Necrotizing inflammation</p> <p>Sparing the pulmonary circulation</p> <p>Involvement of the vessel is random, Focal, episodic</p> <p>Produces irregular Aneurysm, Nodulatory, Vascular obstruction leading to Infarctions</p>	<p>Healed lesions show marked fibrotic thickening with elastic lamina fragmentation (Same As Temporal Vasculitis).</p> <p>irregular aneurysmal dilatation (weakens the arterial wall) nodularity, and vascular obstruction leading to infarctions.</p>	
<p>Kawasaki Vasculitis</p> <p>mucocutaneous lymph node syndrome</p>	<p>Large to medium sized</p>	<p>INFANTS</p> <p>Children &gt; 4yrs</p> <p>Acute febrile illness</p> <p>20% Have coronary Vasculitis, Often with aneurysm</p> <p>Auto- Ab to Endothelial cells</p>	<p>Same histology as PAN</p>	<p>Fever</p> <p>Lymphadenopathy</p> <p>Skin Rash</p> <p>Oral/Conjunctival erythema</p>
<p>Granulomatosis With polyangiitis (Wegner Disease)</p>	<p>Mainly affects medium to small arteries of the lung and Kidney</p>	<p>Granulomatous or necrotizing vasculitis mainly in the lung and URT.</p> <p>Necrotizing granulomas of URT or LRT.</p> <p>Renal Involvement: Focal necrotizing glomerulonephritis</p> <p>Rapidly progressive glomerulonephritis</p> <p>Male&gt;</p>	<p>Overlaps with PAN</p> <p>&gt;95% are C-ANCA positive</p> <p>T Cell Mediated.</p>	<p>Prognosis: 80% die within a year (if not treated) 90% respond to treatment</p> <p>Hematuria</p> <p>Hemoptysis</p> <p>If the renal involvement is not treated it would end in Renal failure.</p>

		Peak at the 5 <sup>th</sup> decade		Biopsy for lung kidney, nasal
Microscopic polyangiitis or HYPERSENSITIVITY vasculitis or LEUKOCYTOCLASTIC vasculitis	<p>small vessels (arterioles, capillaries, &amp; venules)</p> <p>Skin, mucous membranes, lungs, brain, heart, GIT, kidney &amp; muscles.</p> <p>pulmonary capillaritis are common (Unlike PAN)</p>	<p>Most cases are associated with MPO-ANCA</p> <p>most lesions are “pauci-immune” (No immune complexes, we see them only in the early skin lesions)</p> <p>Ass : Henoch - schonlein purpura, essential mixed cryoglobulinemia, vasculitis with malignancy</p>	<p>Segmental fibrinoid necrosis of media.</p> <p>No granulomatous inflammation</p> <p>infiltration of vessel wall by neutrophils with nuclear fragmentation (leucocytoclasia), leukocytoclastic vasculitis</p>	<p>hemoptysis</p> <p>arthralgia</p> <p>abdominal pain</p> <p>hematuria</p> <p>proteinuria</p> <p>hemorrhage</p> <p>muscle pain or weakness.</p>
Churg-Strauss syndrome  allergic granulomatosis and angiitis	Small arteries	<p>Rare disease</p> <p>necrotizing vasculitis accompanied by granulomas with <b>eosinophilic</b> necrosis.</p> <p>strong association with allergic rhinitis, bronchial asthma, and peripheral eosinophilia.</p>	<p>p-ANCAs are present in a minority of patients.</p> <p>Peripheral eosinophilia</p>	Coronary arteritis & myocarditis are the principal causes of morbidity and mortality
Thromboangiitis obliterans  Buerger’s Disease	Medium to small arteries	<p>Segmental thrombosing acute &amp; chronic inflammation arteries &amp; veins in the limbs with extension to accompanying nerves.</p> <p>Exclusively seen in heavy smokers males before the age of 35.</p>	Endothelial cell injury by toxins in tobacco.	<p>Instep claudication followed by pain at rest</p> <p>Might end in gangrene.</p>