Vasculitis & behecet

MCQs

- In temporal arteritis ONE of the followings is not true: Select one:

a. Typically affects young age groups.
b. Headache and jaw claudication are common symptoms.
c. Can lead to blindness.
d. Temporal artery biopsy usually shows characteristic pattern.
e. Can present with fever and high ESR.

- 60 year old patient with headache and tenderness over temporal region and she suffers from tiredness during mastication and talking , what is the diagnostic test

temporal artery biopsy

- Temporal pain wt to do nxt?>>>>>

high dose steroid

- Right sided headache :

Giant cell artiritis

- Which of the following associations is true?

a. Hepatitis a with PAN
b. RF and Riter's syndroe
c. Giant cell arteritis and blindness
d. RA and addison's disease
e. TB and reactive arthritis

- Correct about PAN:

a. Association with hepatitis C
b. Pathology in small and medium arteries at site of bifurcation
c. Associated with leukocytoclastic necrosis

- All of the following are true about vasculitis, except:

a. PAN is associated with hypertension
b. Wegner granulomatosis is associated with +ve C-ANCA
c. Hypersensitivity vasculitis mainly presents with large vessel involvement of the aortic arch vessls in females younger than 40 years of age.
d. Giant cell arteritis affects mainly people above the age of 50
e. Churg-strus disease occurs in people with history of atopy

- **case with hemoptysis and hematuria with proteinase 3 positive (c-ANCA positive) :**

Wegner granulomatosis

- **A patient present with B-Asthma mono neuritis multiplex-esoino phila.ANCA positive ; what is the most likely diagnosis :**

A) SLE.
B)Wegner granulomatosis.
C)Microscopic polyangiitis.
D)Good pasture.
E)Currg-Strauss

- **All of the following are ANCA associated vascuilitis except for:**

A)Microscopic poly angiitis.
B)Churg-strauss vascuilitis.
C)Kawasaki syndrome.
D)Wegner gramulomatosis.
E)All of the above.

- **Which is not associated with finger clubbing:**

A. Wegner's granulmoatosus
B. Idiopathic pulmonary fibrosis
C. Bronchiectasis

Clubbing — Clubbing of the digits (figure 3) is common in some pulmonary disorders (idiopathic pulmonary fibrosis, asbestosis) and rare in others (sarcoidosis, hypersensitivity pneumonitis, pulmonary Langerhans cell histiocytosis). Other disorders associated with clubbing include cystic fibrosis, pulmonary arteriovenous malformations, cyanotic heart disease, malignancies of the lung and pleura, and inflammatory bowel disease [24]. When clubbing occurs in the course of ILD, it is typically a late manifestation and suggests advanced fibrosis of the lung.

Answer: A

NEW TERMINOLOGY — In January 2011, the Boards of Directors of the American College of Rheumatology, the American Society of Nephrology, and the European League Against Rheumatism recommended that the name Wegener's granulomatosis be changed to granulomatosis with polyangiitis (Wegener's), abbreviated as GPA [1-3]. This change reflects a plan to gradually shift from honorific eponyms to a disease-descriptive or etiology-based nomenclature. The parenthetic reference to Wegener's will be phased out after several years as the new name becomes more widely known.

- A 40 year old women who has never had significant respiratory disease is hospitalized for hemoptysis. urinary reveals proteinuria and microscopic hematuria, serological findings include normal complement level and negative assay for fluorescent antinuclear antibodies, renal biopsy reveals granulomatous necrotizing vasculitis with scattered immunoglobulin and complement deposits, the most likely diagnosis in this case is ?

a. Mesangial lupus glomerulonephritis
b. Henoch schonlein purpura
c. Microscopic polyarteritis
d. Wegener granulomatosis
e. Goodpasture syndrome

- Patient with bronchial asthma, eosinohphilia, and mononeuritis multiplex:

A. Churg strauss

- Which one of the following is least recognised as a cause of membranous glomerulonephritis?

A. Malaria
B. Lymphoma
C. Hepatitis B
D. Cryoglobulinaemia
E. Gold

- Which one of the following types of glomerulonephritis is most characteristically associated with cryoglobulinaemia?

A. Rapidly progressive glomerulonephritis
B. Mesangiocapillary glomerulonephritis
C. Focal segmental glomerulosclerosis
D. IgA nephropathy
E. Diffuse proliferative glomerulonephritis

- A 14-year-old female patient comes with 2 months history of purpuric skin rash over the lower limbs with abdominal pain. Urinalysis showed +1 proteinuria. He reports URTI 2 weeks before the illness. ANA and ANCA were both negative. The most likely diagnosis is:

a. Henock-Schonlein purpura
b. Polyarteritis nodosa
c. Polyangitis and granulomatosis
d. Systemic lupus erythematosus.
e. Drug eruptions.

- Question indicating Churg-strauss (Eosinophilia and asthma in history) :

P-anca

- Normal serum complement levels would be seen in patients with hematuria, abdominal pain, and hypertension resulting from which of the following ?

a. Mixed essential cryoglobulinemia
b. Hepatitis c associated membranoproliferative glomerulonephritis
c. Diffuse proliferative lupus nephritis
d. Henoch schonlein purpura
e. Post streptococcal glomerulonephritis

- one of the following features is least likely to be seen in Henoch-Schonlein purpura?

A. Abdominal pain
B. Renal failure
C. Polyarthritis
D. Thrombocytopenia
E. Purpuric rash over buttocks

Henoch-Schonlein purpura
Henoch-Schonlein purpura (HSP) is an IgA mediated small vessel vasculitis. There is a degree of overlap with IgA nephropathy (Berger's disease). HSP is usually seen in children following an infection
Features
- palpable purpuric rash (with localized oedema) over buttocks and extensor surfaces of arms and legs
- abdominal pain
- polyarthritis
- features of IgA nephropathy may occur e.g. haematuria, renal failure

- Retinal vasculitis

- behcet*

- All are present in behcet'sdisease except :

(behcet's disease (headache ". ..... pulmonary thrombosis DVT ?
erythema nodosum ...chronic post uveitis)

Not part of criteria to diagnose Behcet:
a. Arterial aneurysms
b. Uveitis
c. Pethargy test positive

- All of the following are criteria for Behcet disease except for：

A)Mouth ulcers.
B)Arterial Anuyresm .
C) hypopyon
D)Pethergy test.
E)Acne-like lesion

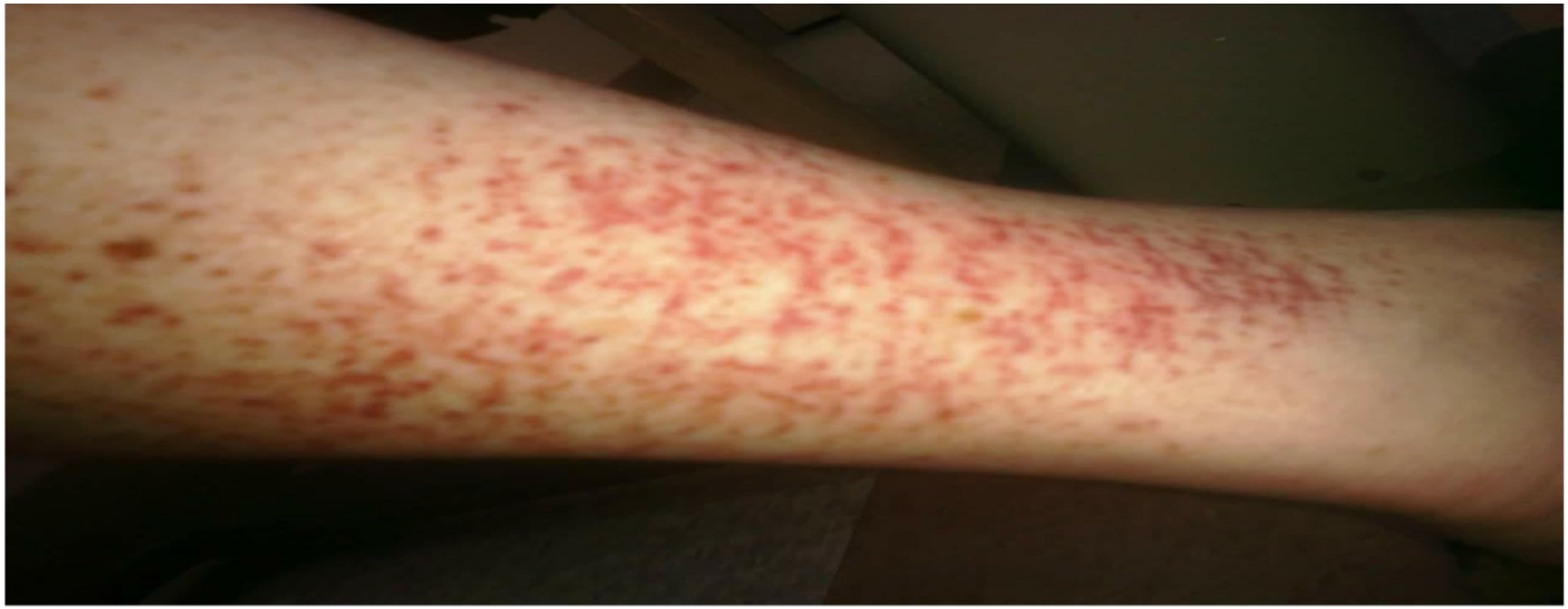
- Pathergy test is positive in one of the followingdiseases.

a- Behcet's syndrome
b- Kawasaki disease
c- erythema multiforme
d- osteoarthritis
e- rheumatoid arthritis

- Differential diagnosis of sacroiliitis includes all of the following except for：

A)Psoriatic.
B)Behcet disease.
C)Aukylosing spondylitis.
D)Reactive arthritis.
E)Chron disease.

Mini-OSCE



Station 9

-Mention two causes of this Non-blanching Rash ?

1. Thrombocytopenia (ITP . Aplastic anemia .)
2. Vasculitis
3- Meningiococcemia? (not sure)

Henoch Schonlein Purpura (HSP) V.S Immune Thrombocytopenic Purpura (ITP)

- Platelet level is low in ITP, but normal in HSP.