

POLYARTERITIS NODOSA

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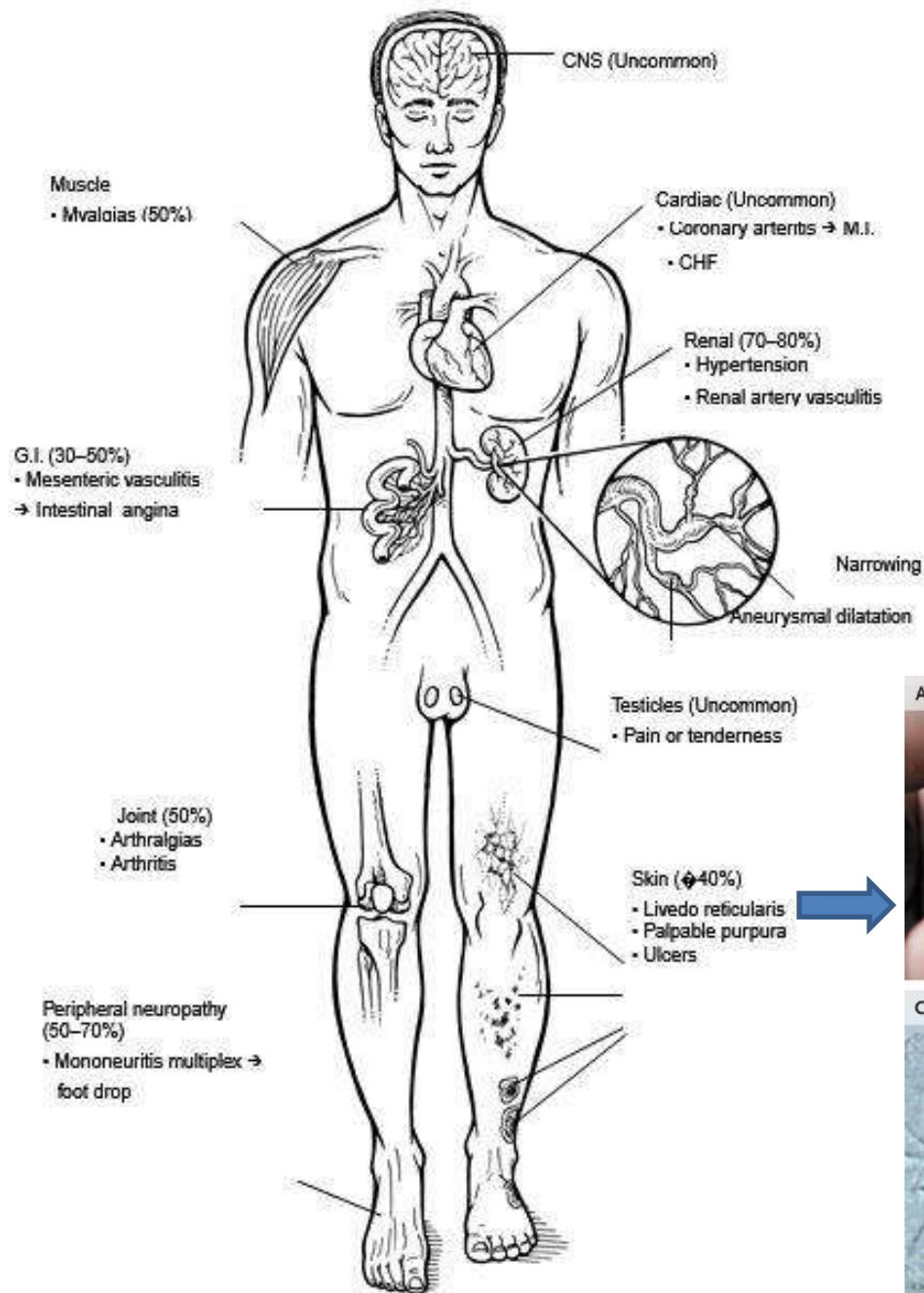
ECNG – ACADEMIC CORDINATOR

INTRODUCTION

- Polyarteritis nodosa (PAN) is a **systemic necrotizing vasculitis** first described in 1866 by **Adolph Kussmaul** and **Rudolph Maier**.
- Typically affects **medium-sized** arterial vessels but may affect small-sized arterial vessels.
- **Not** associated with ANCA.

ETIOLOGY: -

- **Primary** : cases of PAN are idiopathic.
- **Secondary** : often associated with hepatitis B, hepatitis C, and malignancies such as hairy cell leukemia , Sjogren syndrome, rheumatoid arthritis.
- **Other organisms** : Klebsiella, Toxoplasma, Pseudomonas, trichinosis, parvovirus B-19, and Yersinia species.
- caused by recessive mutations in **CECR1**, the gene encoding adenosine deaminase 2 (**ADA2**).
- **Middle-aged and older adults . M>F : 1.7:1**



← FEATURES OF PAN

HISTOLOGY : Early lesions show fibrinoid necrosis with thickening and infiltration of the vessel wall. Neutrophils, eosinophil's and lymphocytes are present.

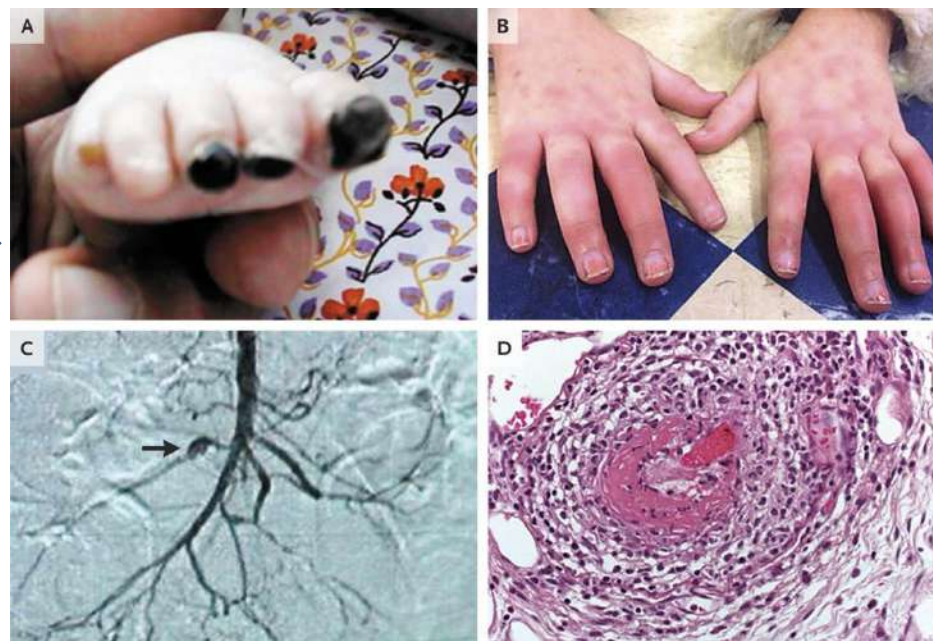
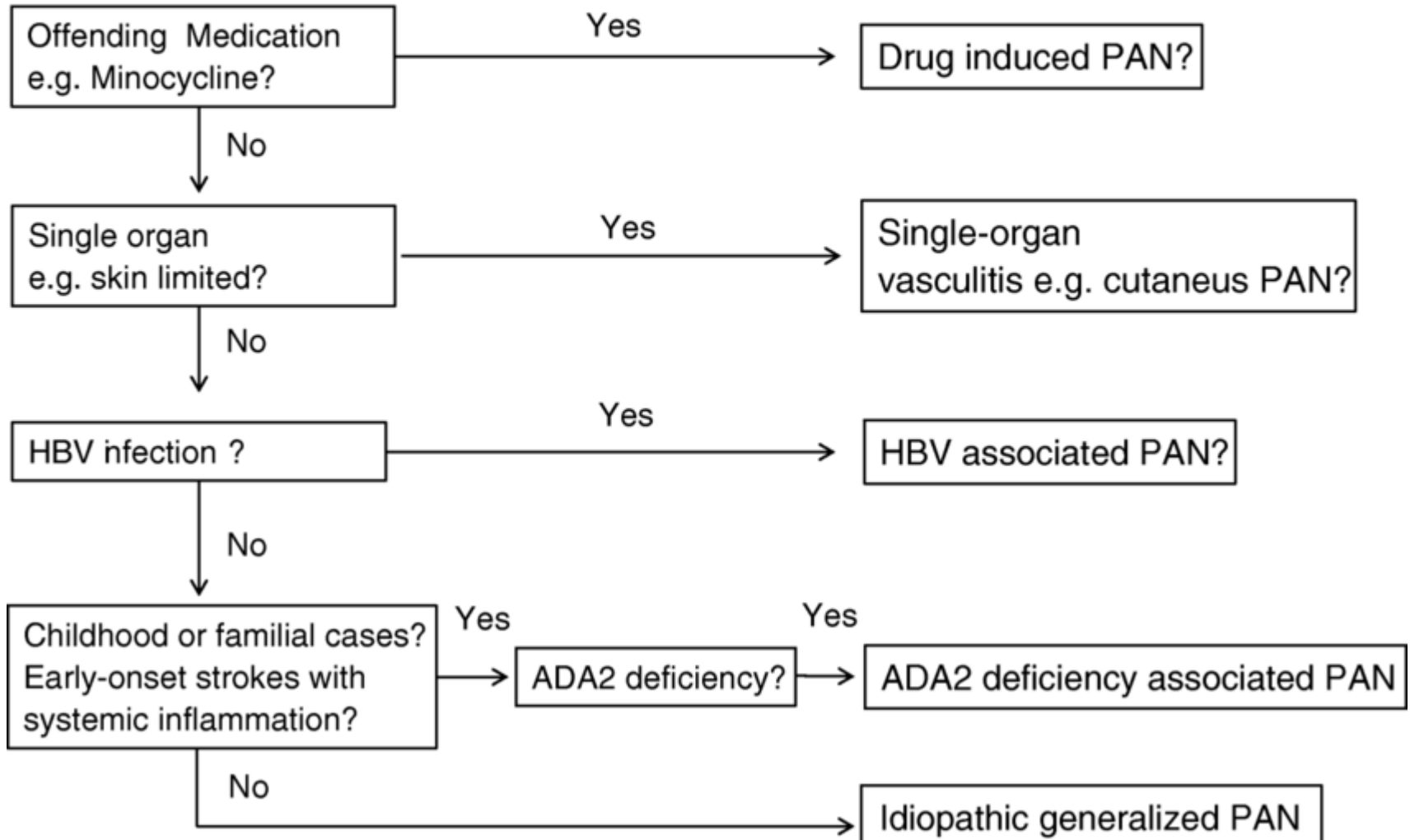
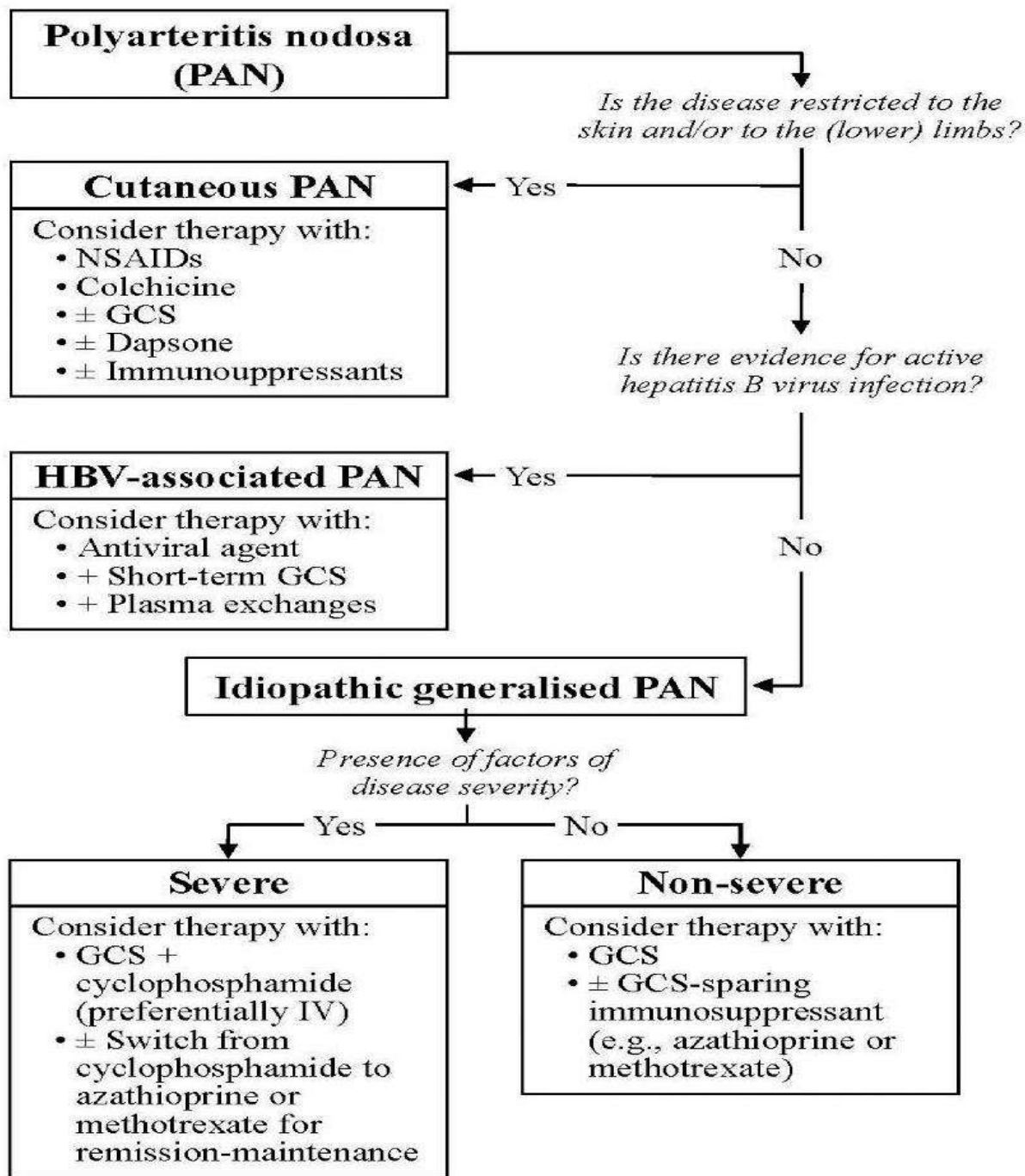


Figure 7. Manifestations of polyarteritis nodosa. Drawing of a visceral angiogram with classic vasculitis findings.

EVALUATION - ALGORITHM

ANCA negative, necrotizing arteritis of medium or small arteries without glomerulonephritis or vasculitis in arterioles, capillaries, or venules



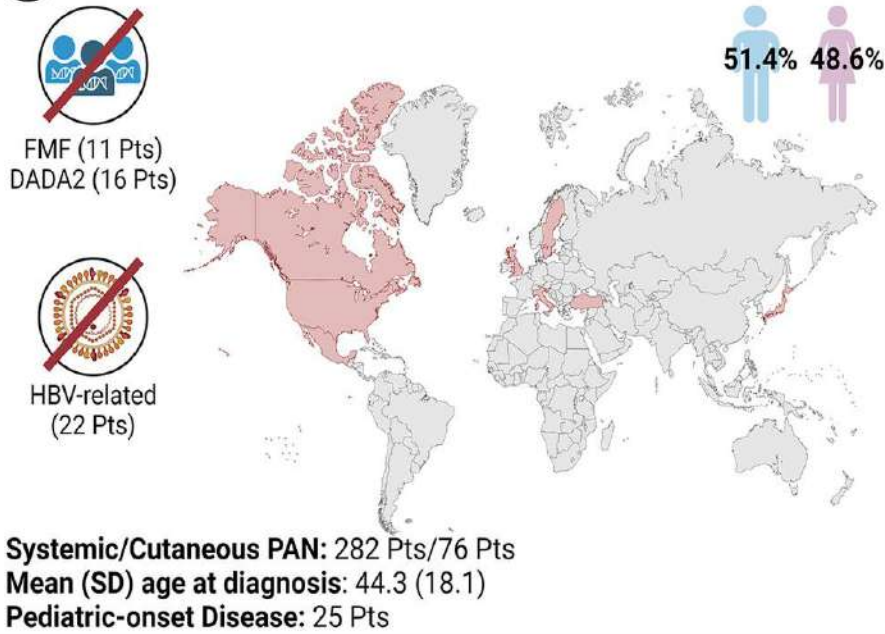


TREATMENT

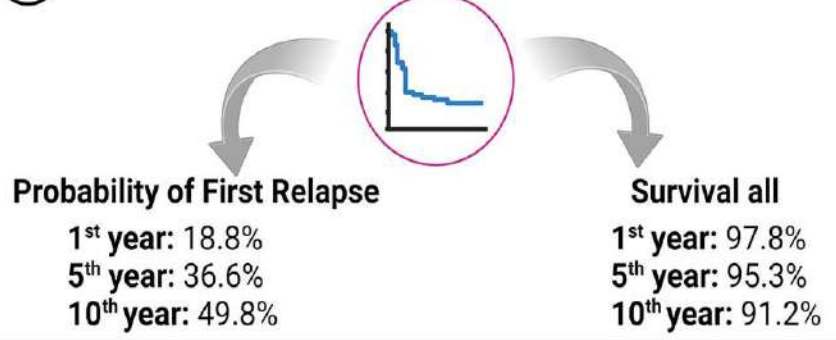
Biologics: Infliximab (a TNF inhibitor) or **Tocilizumab** (an IL-6 inhibitor) used in resistant cases.

Clinical Characteristics and Outcomes of Polyarterteritis Nodosa: 'GLOBAL-PAN' Study

1 Observational Cohorts of 9 Countries (n=358; 1990-2020)



2 Time to First Relapse & Survival



3 Mortality Predictors

