

Microscopic polyangiitis

A 61-year-old man noted sudden-onset leg pain that was not associated with any traumatic trigger. His leg pain consistently appeared when the patient walked and quickly faded on stopping. Spine surgery and cardiovascular departments both made a diagnosis of IC. However, magnetic resonance imaging (MRI) did not show LCS, and all ankle-brachial pressure indices were normal. He subsequently developed diffuse muscle weakness of the legs a month after disease onset. Myeloperoxidase antineutrophil cytoplasmic autoantibody was seropositive (140 IU/mL), and a sural nerve biopsy revealed axonal injury and angiitis. MRI showed multiple cerebral infarctions. He was diagnosed with microscopic polyangiitis (MPA) and underwent corticosteroid therapy. He died from complications two months after the onset. A post-mortem study revealed vasculitis in the subarachnoid space of the cauda equina, spinal cord, and brain parenchyma. The cauda equina showed a combined loss of small and large axonal fibres. The lumbar cord displayed central chromatolysis of the lower motor neurons.

Conclusion: MPA is a rare cause of neurogenic IC when the symptom is acute and multimodal. Small-vessel vasculitis affecting the cauda equina may underlie MPA-associated IC ¹⁾.

¹⁾

Ando T, Watanabe H, Riku Y, Yoshida M, Goto Y, Ando R, Fujino M, Ito M, Koike H, Katsuno M, Iwasaki Y. Neurogenic intermittent claudication caused by vasculitis in the cauda equina: an autopsy case report. Eur Spine J. 2022 Nov 23. doi: 10.1007/s00586-022-07458-7. Epub ahead of print. PMID: 36416968.

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