An Autopsy Case of Intraabdominal Hemorrhage in Microscopic Polyangiitis

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A 74-year-old man was admitted to the hospital with the chief complaint of anorexia. Biochemical investigations revealed progressive renal dysfunction (serum creatinine 7.4 mg/dL) and elevated myeloperoxidase anti-neutrophil cytoplasmic antibody (60.3 U/mL). Urinalysis showed nephritis. Upper gastrointestinal endoscopy revealed gastric and duodenal ulcers. Renal biopsy revealed pauci-immune necrotizing crescentic glomerulonephritis. From these findings, we diagnosed microscopic polyangiitis (MPA). His renal dysfunction progressed despite steroid pulse therapy, thus hemodialysis was started. Suddenly one day he was found to be in cardiac pulmonary arrest. Autopsy revealed that the cause of death was hemorrhagic shock by intraabdominal hemorrhage, (Picture 1) and the bleeding source was not from ulcers (Picture 2) but rather from a branch of the left gastric artery (Picture 3). In general the main pathology in MPA is arteriolitis, however in the present case, medium-sized arteritis and rupture of a pseudoaneurysm was revealed (Picture 4). Few cases of MPA coexist with intraabdominal hemorrhage contrary to polyarteritis nodosa. It is important to consider the possibility of intraabdominal hemorrhage in MPA.

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