Abstract

Vasculitis is an important entity in clinical medicine. Vasculitis can be generally classified as large vessel vasculitis, medium vessel vasculitis and small vessel vasculitis. Microscopic polyangiitis is one of the small vessel systemic vasculitis of varying severity. It is usually associated with MPO (myeloperoxidase) and p-ANCA (perinuclear antineutrophil cytoplasmic) antibodies. Even though it is a systemic disease; it most commonly affects the lungs and kidneys [2]. Renal-limited form of small vessel vasculitis also occurs in microscopic polyangiitis which characterized with idiopathic crescentic glomerulonephritis. In microscopic polyangiitis the renal impairment is characterized by pauci-immune pattern of necrotizing glomerulonephritis with crescent formation. They usually did not show the histological proof of immunoglobulin (Ig) deposition. However, in few patients, the histological evidence revealed significant amounts of immune deposits [13].

We report a case of a young female with microscpic polyangiitis who presented with recurrent haemoptysis and renal impairment which needed renal replacement therapy and her immunoflorescent study showed granular pattern immune deposits rather than pauci-immune pattern. Even though microscopic polyangiitis is a systemic disease it commonly causes pulmonary-renal vasculitides syndromes typically involves the pulmonary system with diffuse alveolar hemorrhage (DAH) and renal systems characterized by and acute kidney injury (AKI). Therefore, other organ systems involvement is rare [2].