Abstract

Background

Granulomatosis with polyangiitis (GPA) and Eosinophilic Granulomatosis with polyangiitis (EGPA) are systemic small vessel vasculitides associated with circulating anti-neutrophil cytoplasmic antibodies (ANCA). The presence of distinctive features like eosinophilic tissue infiltration, background history of asthma and eosinophilia helps differentiate EGPA from GPA. At times these features overlap and do not fall precisely into one entity. It is then termed polyangiitis overlap syndrome. There are very few cases reported on GPA and EGPA overlap and none so far in Sri Lanka.

Case Presentation: We describe a 70-year-old male with adult-onset asthma who presented with arthralgia, massive hemoptysis, new onset peripheral neuropathy, marked peripheral eosinophilia (>10%) and vasculitic skin lesions with biopsy favoring EGPA. He subsequently developed renal involvement with positive c-ANCA and renal biopsy suggestive of an immune mediated glomerulopathy. He was successfully treated with Methylprednisolone and Cyclophosphamide combination therapy.

Conclusion: The presence of overlapping features of EGPA and GPA is a rare phenomenon that should be recognized as management and prognosis differs. Aggressive treatment with immunosuppressive combination therapy can alter its course. Glomerular immunoglobulin deposition can be seen in renal biopsy however in mild degree.