Picture Quiz

Picture Quiz: An Unusual cause of 'Troponinaemia' - Answers

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Answers

Question 1. The history of constitutional upset, epistaxis and the pulmonary infiltrates seen on CXR and CT (arrows in figures, below) are suggestive of a diagnosis of Wegener's Granulomatosis.

Question 2: Further investigations to confirm the diagnosis should include Anti-Neutrophil Cytoplasmic Antibodies and nasal septal biopsy

Question 3: The raised troponin I may suggest cardiac involvement, due to diffuse myocarditis or coronary arteritis.

Case Outcome

The patient was initially commenced on intravenous antibiotics, aspirin, clopidogrel and low molecular weight heparin (LMWH) for a putative diagnosis of community acquired pneumonia complicated by acute coronary syndrome. However, following review of the chest x-ray and careful evaluation of the history, the diagnosis of Wegener's Granulomatosis (WG) was considered and immunological tests were requested (table 1). Prednisolone 60mg daily was commenced pending the urgent Anti Neutrophil Cytoplasmic Antibody (ANCA) result. A palpable purpuric rash then developed over the dorsal aspects of both feet.

Following a positive cANCA titre, oral cyclophosphamide therapy was initiated. LMWH was discontinued because of concern regarding the risk of pulmonary haemorrhage.

Further investigations and results:

Nasal septum biopsy demonstrated features of WG (figure 3).

Echocardiography demonstrated mild left ventricular impairment with hypokinetic septal and apical segments.

Renal biopsy was normal.

Subsequent coronary angiography 4 months later demonstrated minor atheromatous plaque only, with no flow-limiting lesions.

Remission was achieved rapidly with an excellent clinical response and normalisation of inflammatory markers. At clinic review, 3 months after admission his chest x-ray was normal and inflammatory markers remained normal on a combination of prednisolone 15mg and cyclophosphamide 100mg daily.

In addition to aspirin and clopidogrel, secondary preventative medication included ramipril and simvastatin. The cardiology opinion after angiography was that the cardiac medications would need to be continued indefinitely apart from clopidogrel which could be discontinued on the one-year anniversary of the original admission.

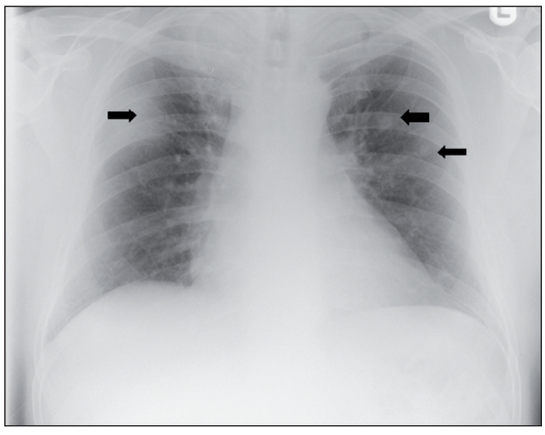

Figure 1(a). Chest x-ray – arrows indicate pulmonary infiltrates.

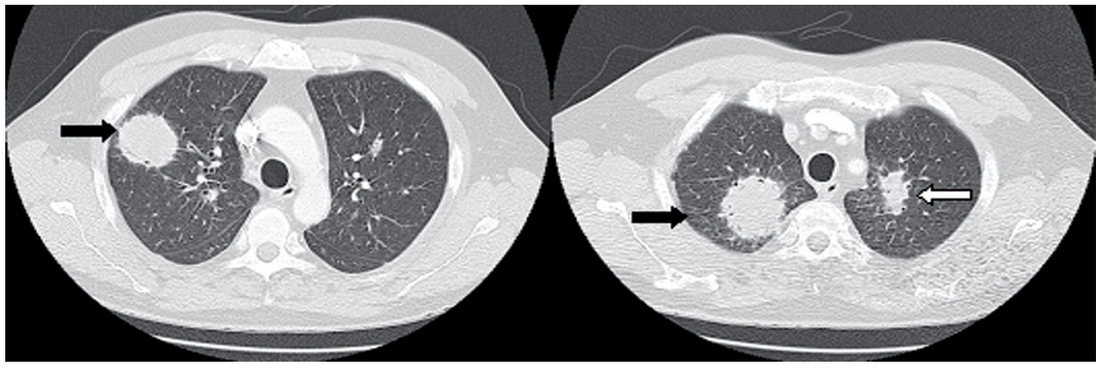

Figure 2(a). Thoracic CT scan indicating pulmonary infiltrates.

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