



Chorea and Calcifications: Atypical Presentation of Microscopic Polyangiitis

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A 45-year-old man presented with generalized chorea. He had a history of low-grade fever, cough, and dyspnea for a couple of months. Physical examination revealed no abnormality except choreiform movements. Investigation showed anemia and eosinophilia on blood examination, proteinuria and hematuria on urine examination, deranged renal function, calcified pin-point foci on chest x-ray (Figure 1), and calcifications in both deltoid (Figure 2) and iliopsoas muscles (Figure 3) on the x-rays. Sputum smear and culture for tuberculosis were negative. Perinuclear antineutrophil cytoplasmic antibodies were positive. Brain imaging was normal. Pulse methylprednisolone was given initially, but the chorea responded well to plasmapheresis. The patient died of rapidly progressive renal failure after 3 months of the histologically proven diagnosis of microscopic polyangiitis.

Microscopic polyangiitis is a systemic vasculitis characterized by inflammation of

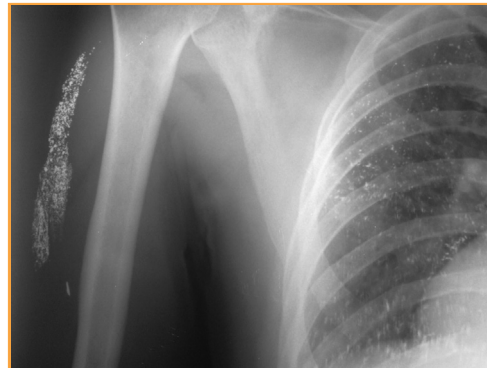


FIGURE 2. X-ray showing calcifications in right deltoid.

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small-sized vessels and the presence of circulating antineutrophil cytoplasmic antibodies. It may involve arterioles, capillaries and venules of kidneys, skin, lungs, and brain and is often detected as necrotizing glomerulonephritis and pulmonary capillaritis.¹ It affects more men than women and develops around the age of 50 years. The disease is usually



FIGURE 1. Chest x-ray showing multiple pin-point calcified foci in both lungs.

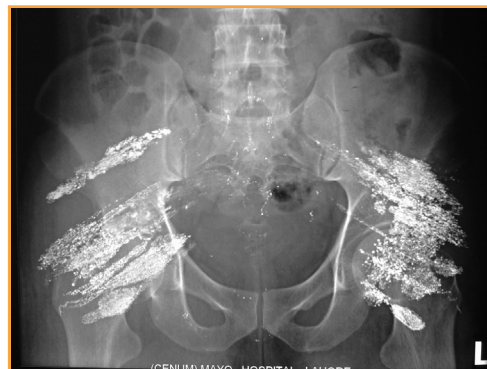


FIGURE 3. Pelvis x-ray showing bilateral iliopsoas calcifications.

treated with glucocorticoids and cyclophosphamide or rituximab for organ-threatening disease. Plasma exchange may be beneficial in selected cases.²

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1. Chung SA, Seo P. Microscopic polyangiitis. *Rheum Dis Clin North Am*. 2010;36(3):545-558.
2. Villiger PM, Guillevin L. Microscopic polyangiitis: clinical presentation. *Autoimmun Rev*. 2010;9(12):812-819.