The patient who looked better than her chest X-ray

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A 62-year-old woman presented with a 3-month history of cough, productive of green sputum, for which she had received multiple courses of antibiotics from her GP with no improvement. She also complained of intermittent fevers and some modest weight loss. Past medical history included rheumatoid arthritis, treated with hydroxychloroquine. She was a smoker (20 pack years); there was no significant travel history or contact with tuberculosis.

She looked well, baseline observations were normal and other than some occasional crepitations at the left base, the rest of her clinical examination was unremarkable. A chest X-ray revealed multiple cavitating lesions (Figure 1). Computed tomography of the thorax confirmed the same, with the main differentials at this point being lung abscesses, malignancy and tuberculosis. All her microbiology was negative and she had elevated levels of inflammatory markers which did not improve on intravenous antibiotics.

Bronchoscopy and biopsy was performed, with histology showing necrotizing granulomatous inflammation (Figure 2). cANCA (cytoplasmic anti-neutrophilic cytoplasmic autoantibody) was positive, with an anti PR3 (anti-proteinase 3) of 64 IU/ml (strongly positive) and a unifying diagnosis of granulomatosis with polyangiitis was made; the patient was successfully treated with rituximab.

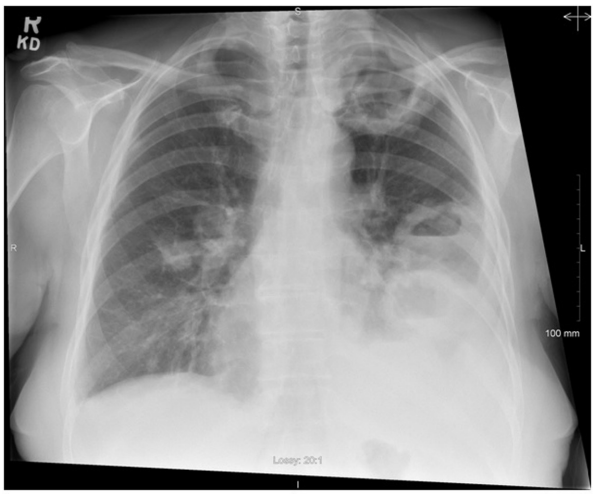

Figure 1. Chest X-ray illustrating multiple cavitating lung lesions.

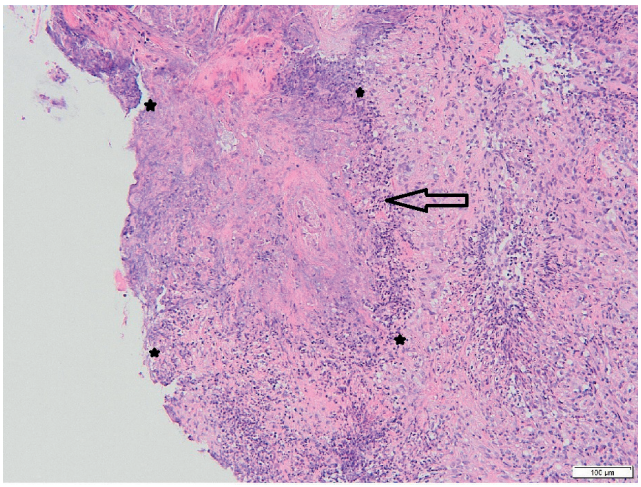

Figure 2. Haematoxylin and eosin stain, x40 magnification illustrating the necrotizing granuloma (arrows).

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