Wegener's Granulomatosis with Polyangiitis with Gynecological Manifestation

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Introduction: Granulomatosis with Polyangiitis (GPA), previously known as Wegener's Granulomatosis, is a potentially life-threatening autoimmune disorder. Systemic blood vessel inflammation in GPA can lead to granulomas causing symptoms including focal segmental glomerulonephritis, interstitial lung disease and common systemic vasculitis symptoms like sinus-bleeding. Diagnosing GPA can be challenging due to overlap with other diseases. Positive C-ANCA antibodies are sensitive blood-markers, which are followed by tissue biopsies that show inflammation with granulomatous changes and necrotizing vasculitis affecting small to medium-sized vessels.

Case Presentation: A 59-year-old-female with a 4-year history of GPA had a novel presentation of severe progressing pelvic pain. Patient was sexually inactive since 2011 and denied dysuria, however, liquid-contact to the perineum caused significant pain. Initial diagnosis was bacterial vaginosis and yeast. Shortly after beginning appropriate BV medicine regimen, moderate vaginal bleeding was observed, initially using 4-pads/day, progressing to spotting eventually. Endometrial ultrasound was not performed due to patient pain-intolerance and CT did not comment on endometrial thickness. GPA was in remission with the patient not on any treatment regimen at this time. Vulvar biopsy was then performed confirming vulvar cellulitis and leukocytoclastic vasculitis after which antibiotics, norco and rituximab were initiated. Visual inspection showed a rectovaginal fistula however the surgeon did not attempt repair due to fear of complication and limited access. To prevent infection from bowel leakage, a colostomy bag was placed.

Discussion/Conclusion: Gynecological complications of GPA are exceedingly rare with less than 1% of patients presenting with gynecological symptoms, most frequently bleeding. The cervix and vagina are the most commonly affected genital areas. GPA should be considered when biopsies of malignant-appearing gynecological tissues are negative for malignancy. Treatment is effective and typically includes

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glucocorticoids and either cyclophosphamide, methotrexate, or azathioprine. Rituximab can also be used alone, as seen in this case study.

Keywords: Wegeners, Granulomatosis with Polyangitis, Gynecology, Autoimmune Disorders

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