Eosinophilic Granulomatosis with Polyangiitis presenting as Mononeuritis Multiplex

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A 55 year old hypertensive and smoker was admitted with a history of paresthesias of the left arm followed by weakness of both lower limbs for two weeks. There was a past history of bronchial asthma and recurrent chest infections. On examination, the patient had a temperature of 100°F. There was no pallor, clubbing, cyanosis or jaundice. There were raised erythematous, purple colored, nonpruritic, palpable skin lesions over both feet and right palm (Figures 1, 2). There were few palpable cervical lymph nodes. On respiratory system examination, there were bilateral vesicular breath sounds with rhonchi and crepitations at both lung bases. The cardiovascular system and abdomen examination were normal. On central nervous system examination, there was reduced visual acuity in the right eye (Snellens chart vision - 6/24) with right temporal pallor on fundus examination of the right eye. There was no muscle wasting or fasciculations. The muscle tone in the upper limbs was reduced, power of the long finger flexors and intrinsic muscles of the right hand was 3/5. The tone of the lower limbs was also reduced with bilateral foot drop and weakness of dorsiflexors of both feet. Ankle jerks were absent bilaterally. There was loss of pain, temperature and posterior column sensations of both lower limbs. Investigations revealed TLC 24,000, DLC as P29%, L 16%, E 55%, M0%, ESR 58 mm/h, Urine routine: protein +, sugar nil, WBC 5/HPF, serum creatinine 1.0 mg/dl, LFT normal, PR3 1.95, MPO 40.10 (<6.00). HIV, HBsAg and HCV negative. ANA- FT negative. Chest X-ray showed bilateral basal consolidation with bilateral cystic lesions of both lung bases (Figure 3). CT head and paranasal sinuses showed a normal brain scan with pansinusitis. Nerve biopsy (Figure 4) showed epineurial necrotising vasculitis with eosinophilic infiltrates.

Based on this clinical presentation with peripheral eosinophilia a diagnosis of eosinophilic granulomatosis with polyangiitis and mononeuritis multiplex was made.

References