Multilevel tracheal granulomatosis with polyangiitis (GPA) lesions in a paediatric patient

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DESCRIPTION
Granulomatosis with polyangiitis (GPA), previously known as Wegener’s granulomatosis, is a multisystemic necrotising granulomatous vasculitis primarily affecting the small- and medium-sized vessels. It can affect any organ, including upper and lower airways, and it is usually associated with elevated antineutrophil cytoplasmic antibodies (ANCA). Paediatric GPA is rare with limited evidence in the literature. In children, there is female predominance and higher incidence of subglottic stenosis.1–5

In this case, a 14-year-old girl presented with a 4-week history of dry cough, fever, fatigue and reduced appetite followed by anterior right nasal pain. Following admission, a nasal septal lesion was discovered on examination and CT thorax showed cavitating lung lesions (figure 1). Initial differential diagnosis included GPA and granulomatous infections (ie, tuberculosis and fungal), but Mantoux and ANCA were negative. She subsequently developed several episodes of intermittent stridor which were triggered by the cough. Microlaryngobronchoscopy revealed multiple white firm lesions throughout the trachea from subglottis to main bronchi with lower trachea stenosis and malacia to 50% (figures 2 and 3). Nasal and tracheal biopsies showed abnormal inflammatory and necrotising process, most consistent with underlying deep vasculitis despite the absence of vascular inflammation in biopsy tissue. She was started on IV pulse methylprednisolone which was then switched to oral prednisolone. She improved dramatically after the steroids and antibiotics. As of November 2020, she has been clinically well on oral prednisolone, following two doses of rituximab.

The incidence of subglottic stenosis in GPA has been estimated to be 8%–23% in total. Stenosis is more commonly limited to the subglottis and proximal trachea, but it can rarely extend into the distal trachea and bronchi.2 5 A study has revealed that multilevel stenosis involving subglottis and distal trachea presented in 6% of the cases.2 Clinically, patients can present with dyspnoea, stridor, cough or hoarseness, which may lead to misdiagnosis of asthma.1 5 Paediatric GPA is associated with a higher frequency of airway manifestations as compared with the adult GPA population. However, multi-level airway involvement is not commonly seen.1 3

The presence of ANCA is considered a very helpful diagnostic marker of GPA, with cytoplasmic ANCA found most of the times and perinuclear ANCA being less common.1 5 However, it is worth noting that ANCA testing can be negative in up to 40% of paediatric patients.4 GPA in children can present with sudden and progressive stridor and result in a life-threatening situation. It is therefore of paramount importance that clinicians are aware of its different manifestations and assessment...
steps. Management of tracheobronchial involvement in GPA that causes stenosis can include, apart from systemic therapy with corticosteroids and cytotoxic drugs, local steroid injection, stent, laser excision and balloon dilatation (cutting balloon).4-6

This case report shows a paediatric patient with ANCA-negative GPA presenting with extensive airway involvement with lesions throughout the trachea, hence highlighting that multilevel airway involvement in children with GPA is a rare but potential occurrence that can be clinically challenging.

Learning points

► Granulomatosis with polyangiitis (GPA) in children can present with sudden and progressive stridor.
► Testing for antineutrophil cytoplasmic antibodies can be negative in paediatric patients with GPA.
► Multilevel airway involvement in children with GPA is a rare but potential occurrence.

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