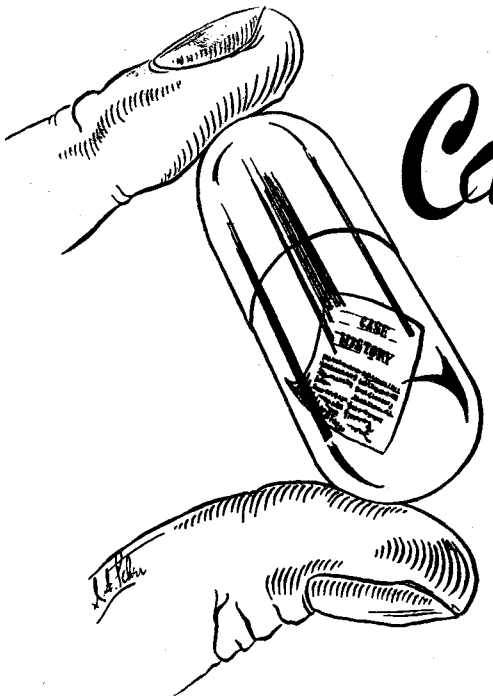
THE OHIO STATE UNIVERSITY

Health Center Journal

VOL. XIII, NO. 2 WINTER, 1963



Capsule Cases

C. JOSEPH DELOR, MD

For 18 months a 66-year-old lady had noticed progressive weakness. Constipation was a disturbing factor; however, her main presenting problems occurred within the three weeks prior to her admission to the University Hospital. During this time she noted occasional black stools, dyspnea during damp weather, some pain on breathing in association with a deep-seated back pain, productive cough and intermittent fever which rose as high as 102. The past history revealed that she was allergic to molds and penicillin. Her mother and brother had asthma.

Aside from the temperature of 101 on admission the only pertinent physical findings were an ecchymosis over the dorsum of each foot and a sinus tachycardia of 100 per minute. The hemoglobin was 9.8, hematocrit 34 and the white cell count was 11,705. The differential was *normal.* The urine showed 5 mg of protein and a few WBC. The BSP was 23 per cent and the serum transaminase was 324. There was a small hiatus hernia, multiple gallstones and diverticulae of the colon on radiographic study. Otherwise an extensive chemical laboratory study as well as radiographic survey was non-contributory. The clinical impression initially was a possible malignancy of the pancreas, or a hepatoma, and of course the known gallstones as stated previously. The patient was then submitted to exploratory operation.

WHAT IS YOUR DIAGNOSIS?

At operation the gallstones were found as well as a chronic cholecystitis and cholangitis. The most striking feature, however, was a generalized lymphadenopathy throughout the entire mesentery and various regional structures in the abdomen. Multiple frozen sections showed inflammatory but no tumor cells. When the permanent sections were made and the gallbladder examined then the classical picture of polyarteritis nodosa was seen.

The significant point in the story which should be emphasized is that eosinophilia, which was absent in this case, is present in only 25 per cent of the individuals who have this disease, so that as a diagnostic clue it is of limited value. It is a well-recognized fact that the wall of the gallbladder is one of the most frequently involved structures (85 per cent) and the same can be said of the intestinal tract in general. In retrospect it might have been of value to do a small bowel biopsy using one of the newer type instruments. Muscle biopsy is frequently negative. Liver and renal biopsy are often positive.

Therapy is symptomatic with the use of steroids since the outcome is usually fatal. This is another illustration of a collagen disorder which some investigators believe is a hereditary trait precipitated by such factors as infection, barbiturates, antibiotics, sunlight and other reactive antigens.

Your Health

Periarteritis is a disease of arteries

By GEORGE C. THOSTESON, M.D.

Question: Please explain the difference between periarteritis and Buerger's disease. What medication is used for Buerger's disease, and does the condition get better?—E. H.

Question: Both diseases involve inflammation in the walls of the arteries, and both result in interference with circulation. Yet there are significant differences, too.

Buerger's is found chiefly in young males who smoke too much, or who are exposed to extremes of temperature. There can be clots in either arteries or veins. There are redness in the lower extremities and changes in the skin of legs and feet, and in the nails.

Periarteritis, however, can affect any organ of the body instead of focusing on the extremities. There is usually fever and an elevated white blood cell count. Tender nodules can occur under the skin.

Periarteritis is one of the collegen diseases, a group of diseases involving connective tissue. Like all the collagen diseases, it is not very well understood. It is thought to be a sensitivity reaction to drugs, but this is by no means an assured explanation.

As to treatment for Buerger's disease, complete elimination of tobacco, plus the use of Buerger's exercises (an alternate raising and lowering of the legs to encourage circulation, arrests the condition. But it isn't always easy to persuade patients that this is what they have to do. Medication isn't going to cure Buerger's disease by itself. Indeed, medication plays a very small part in treatment.

Periarteritis is a more difficult condition to treat because we do not know its effect on various organs of the body. Steriods (hormones of the cortisone type) help. However, we cannot offer a patient the assurance we can to patients with Buerger's disease—that if they will follow instructions, the condition can soon improve.