■ Sat-212 ■

Eosinophilic granulomatosis with polyangiitis misdiagnosed as acute myocardial infarction

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Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare systemic disease and a potentially life-threatening systemic necrotizing vasculitis predominantly affecting small vessels. Here, we describe a 47-year-old man with EGPA misdiagnosed as non-ST segment elevation myocardial infarction (NSTEMI). He presented to the emergency department with indigestion and diarrhea. He had been diagnosed with asthma and chronic rhinosinusitis 3 years earlier. He was taking antibiotics due to worsening sinusitis, and the antibiotics were thought to have caused diarrhea. Laboratory tests showed eosinophils 4,641/μL, creatinine elevated at 2.53 mg/dL, and troponin I initially elevated at 1.26 ng/mL. The eosinophilia was also considered due to antibiotic use. Echocardiography revealed an ischemic insult in the right coronary artery territory. He was diagnosed with NSTEMI, antibiotic-associated diarrhea, and acute kidney injury due to diarrhea. After admission, the fever persisted and eosinophilia worsened, and anti-MPO antibody was positive. Coronary angiography was normal, while abdominal imaging suggested medical renal disease. Magnetic resonance imaging of the heart showed midwall and subepicardial late gadolinium enhancement in the left ventricle (Fig. 1). Membranous nephropathy superimposed on ANCA-mediated crescent formation was seen in a kidney biopsy. He was diagnosed with EGPA and treated with systemic steroids, cyclophosphamide, and plasmapheresis. Asthma and sinusitis can be prodromal signs of EGPA. If EGPA is expressed as a symptom of other organs, the diagnosis and treatment may be delayed. EGPA should be considered when eosinophilia is accompanied by asthma.