

What is behind a basithoracic pain ?

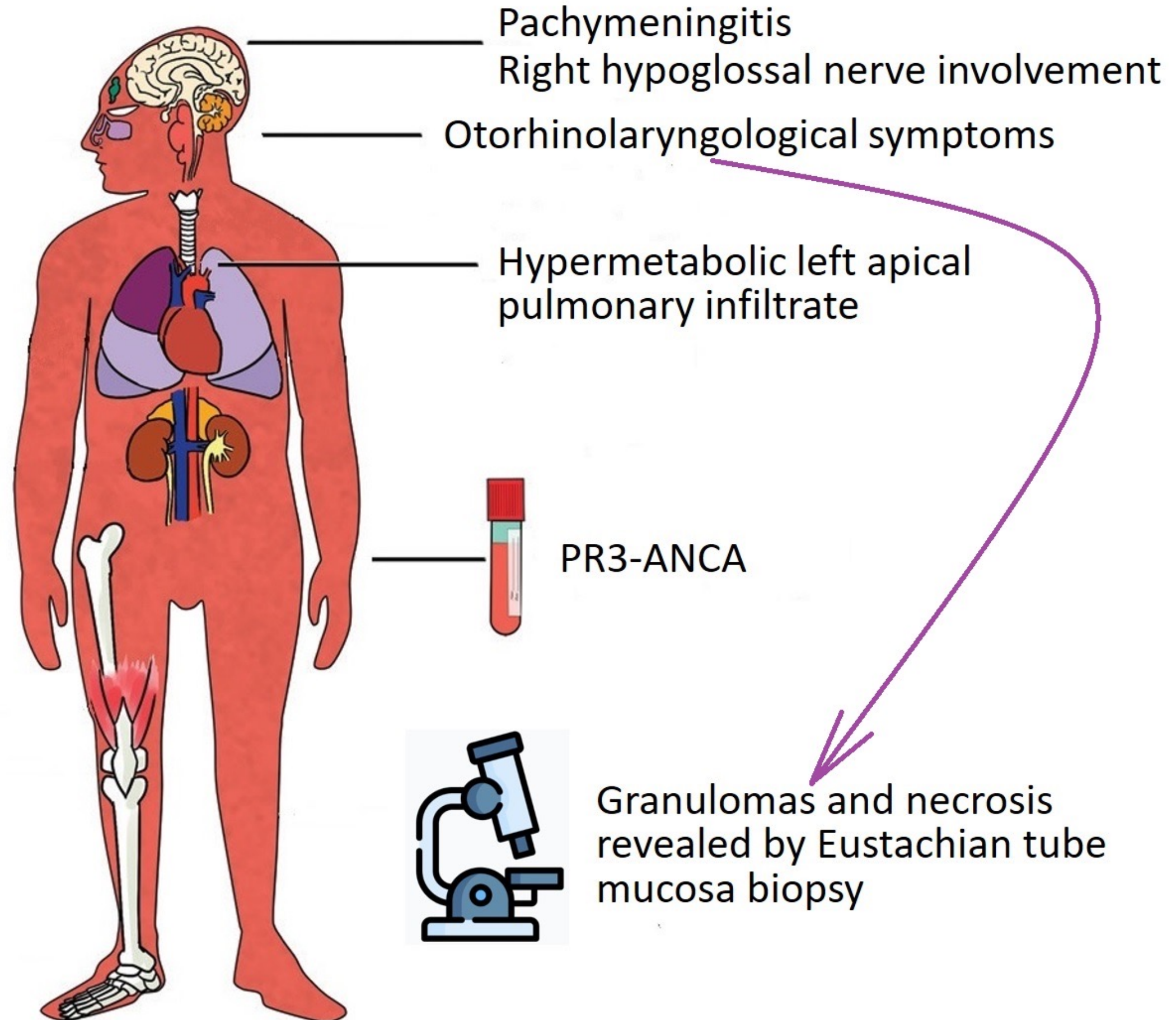
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Case presentation

- 60-year-old woman
- Granulomatosis with polyangiitis (GPA) diagnosed 6 years ago
- In remission for 2 years



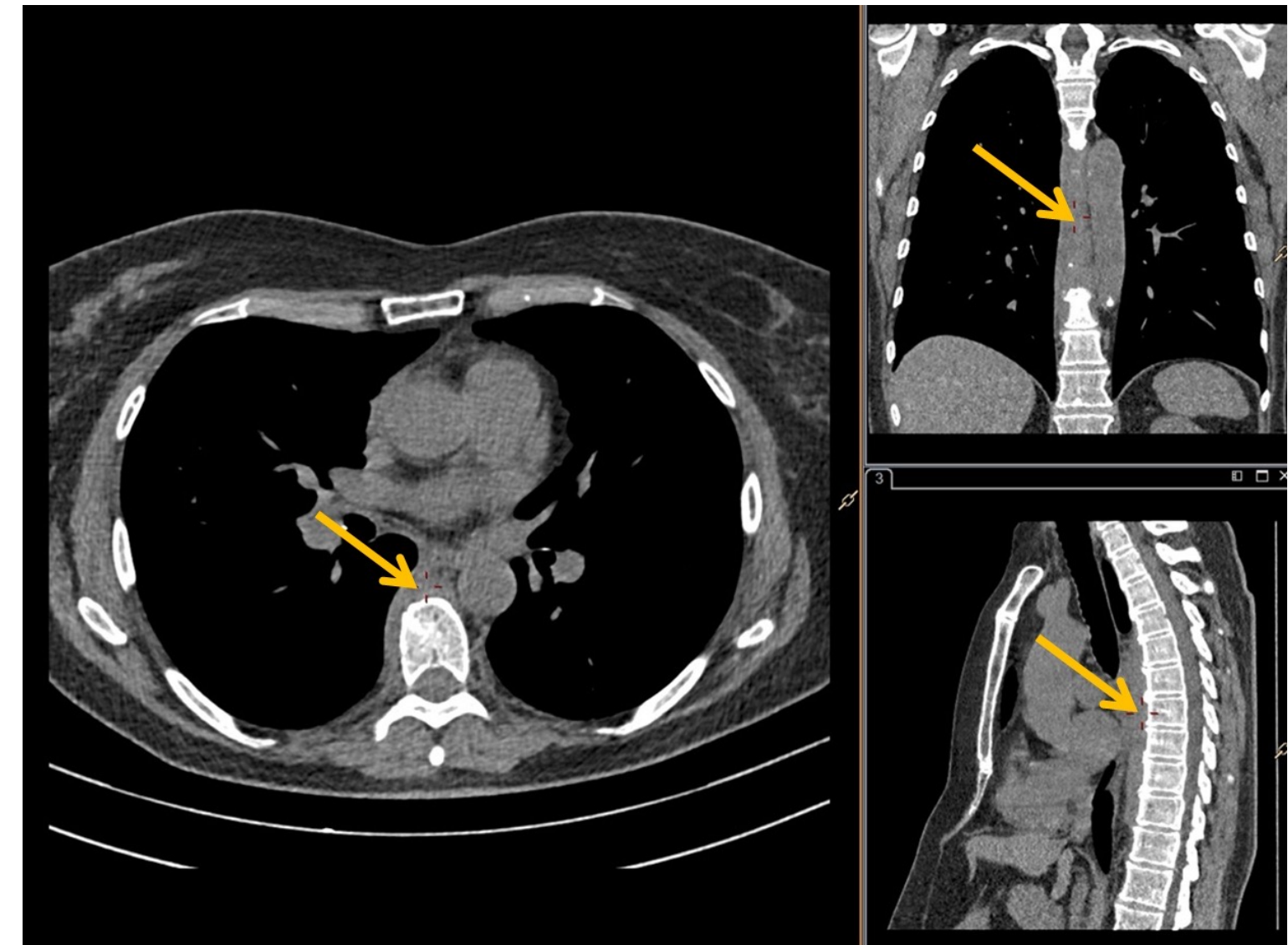
Case presentation

- **09/2022:** bloodstained nasal discharge
→ ENT examination and CT of the sinuses unremarkable
- Fluctuating abdominal pain
- **10/2022:** right basithoracic pain
GP → chest X-ray + abdominal US : unremarkable

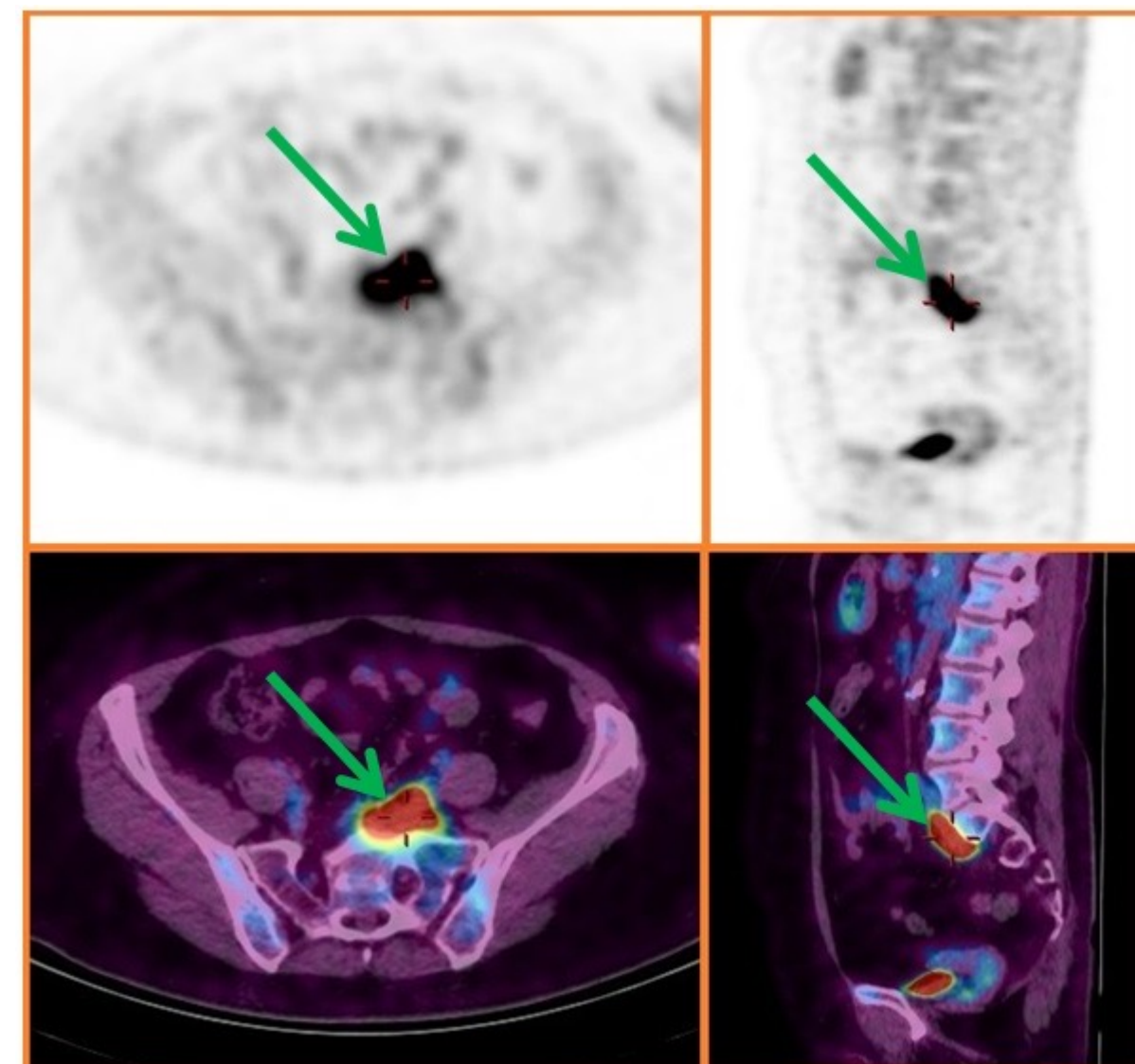
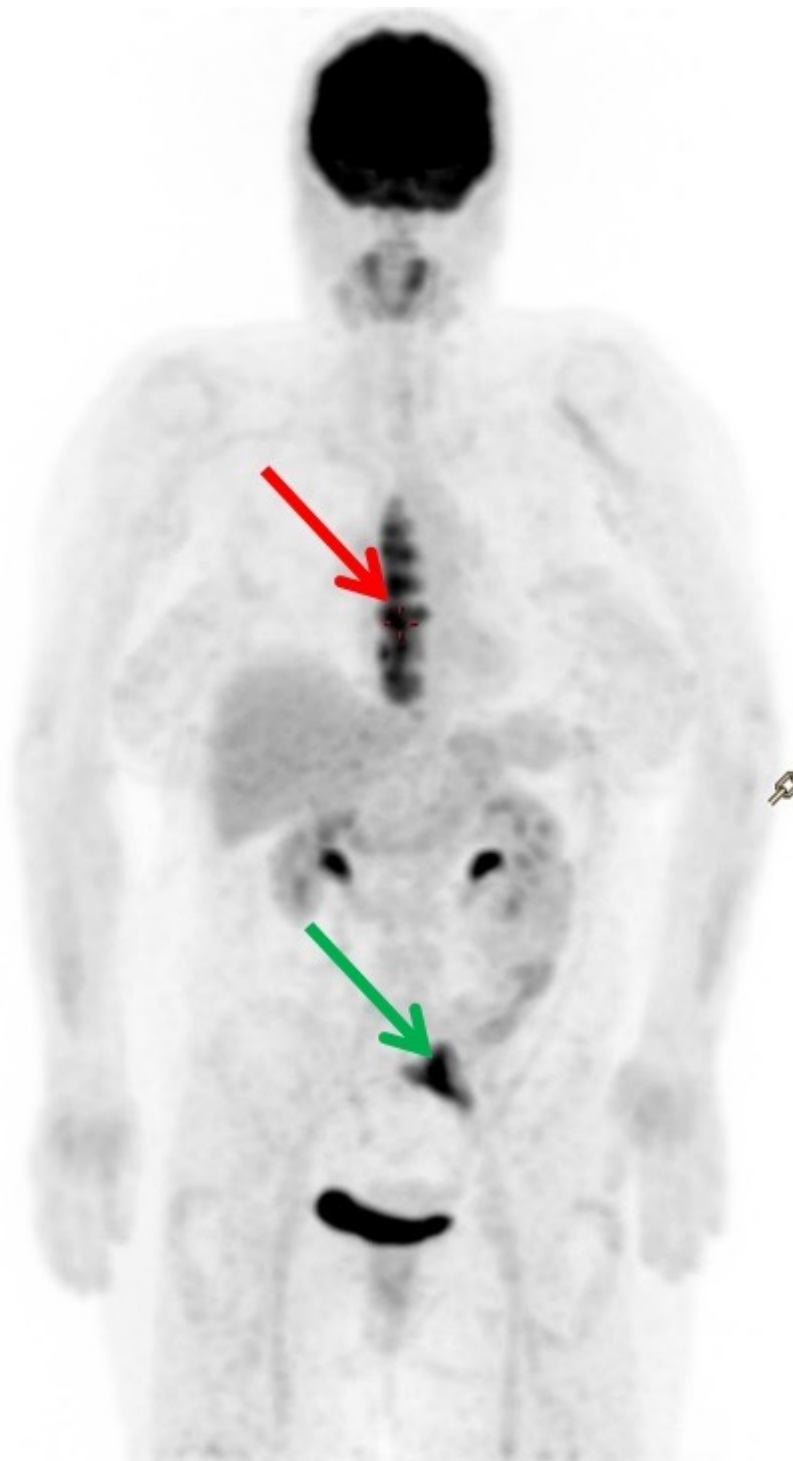
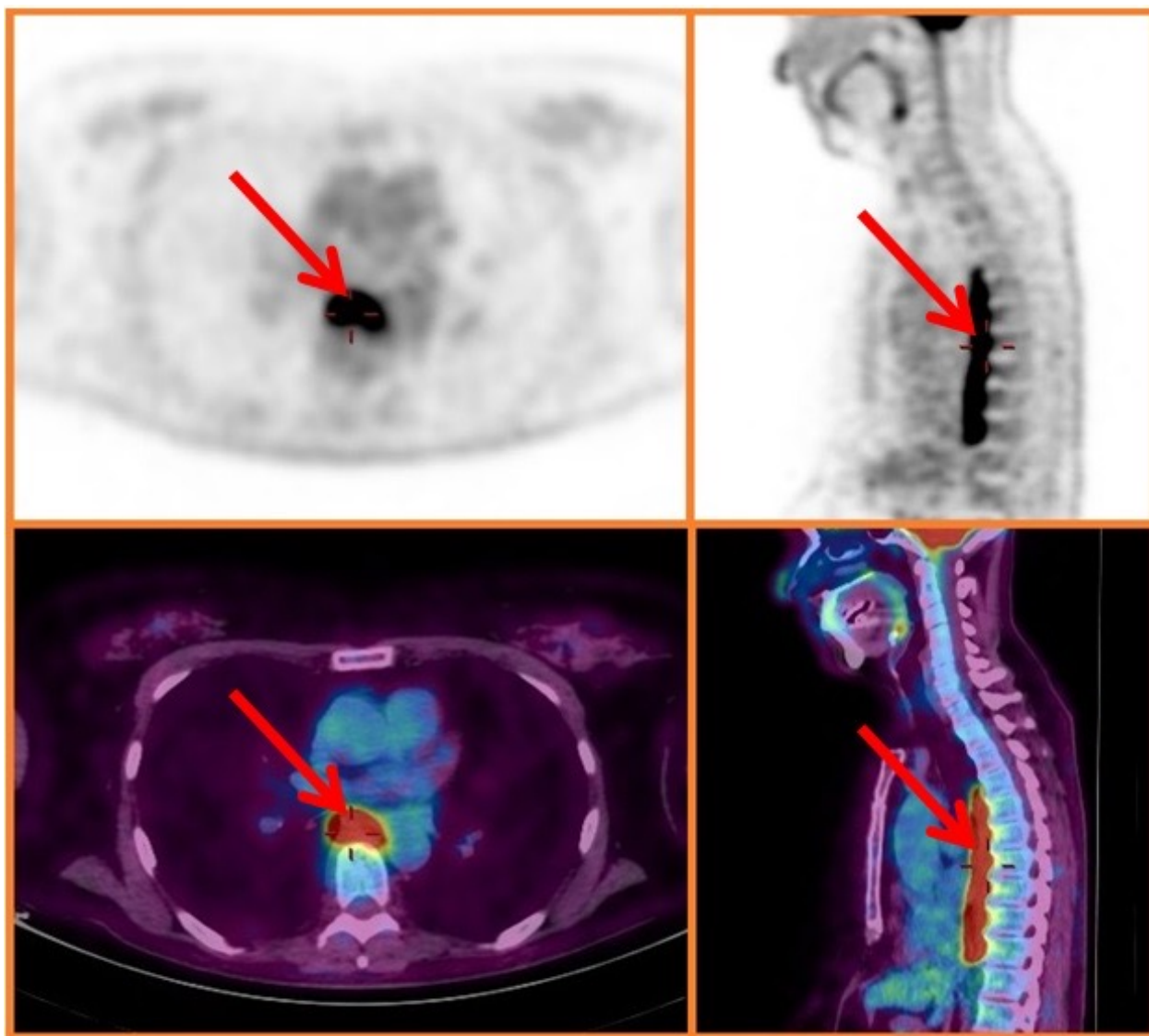


Case presentation

- **11/2022:** granulomatosis follow-up visit
- Blood tests: **↑ CRP, ↑ ESR and positive PR3-ANCA**
- Chest CT
 - **pre-vertebral lesions** at level of vertebrae Th4-Th5 to Th10-Th11
 - no lung parenchymal lesions



Case presentation



- ^{18}F FDG PET/CT



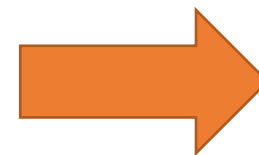
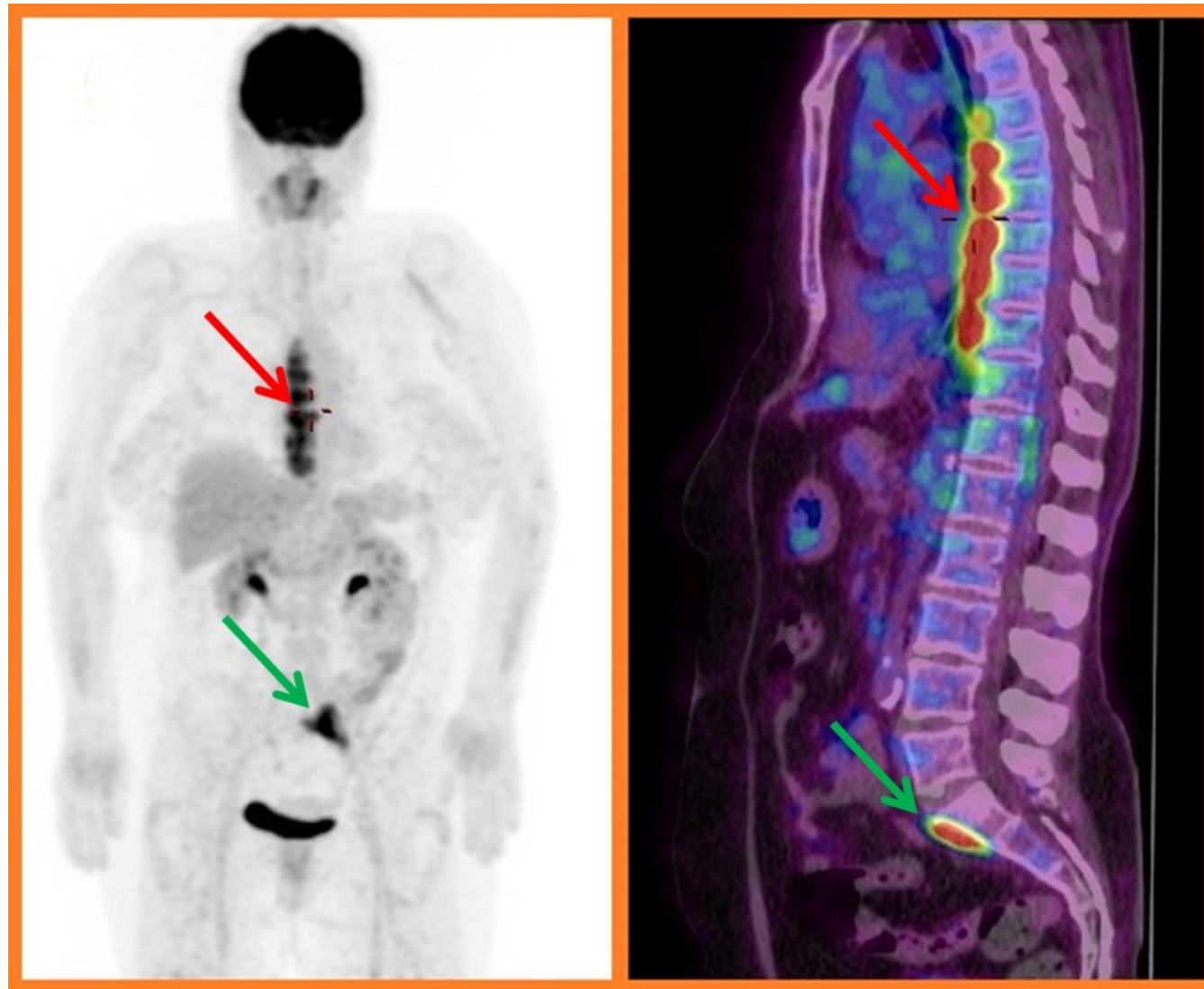
Case presentation

- No biopsy
- Treatment with **rituximab** (375 mg/m² weekly for 4 weeks) and **methylprednisolone** (initial dose and tapering according to 2022 EULAR recommendations)
- **02/2023** (= 2 months after the last dose of rituximab):
 - 😊 clinical remission
 - 😊 normalization of inflammatory markers
 - 😊 ¹⁸F-FDG PET/CT

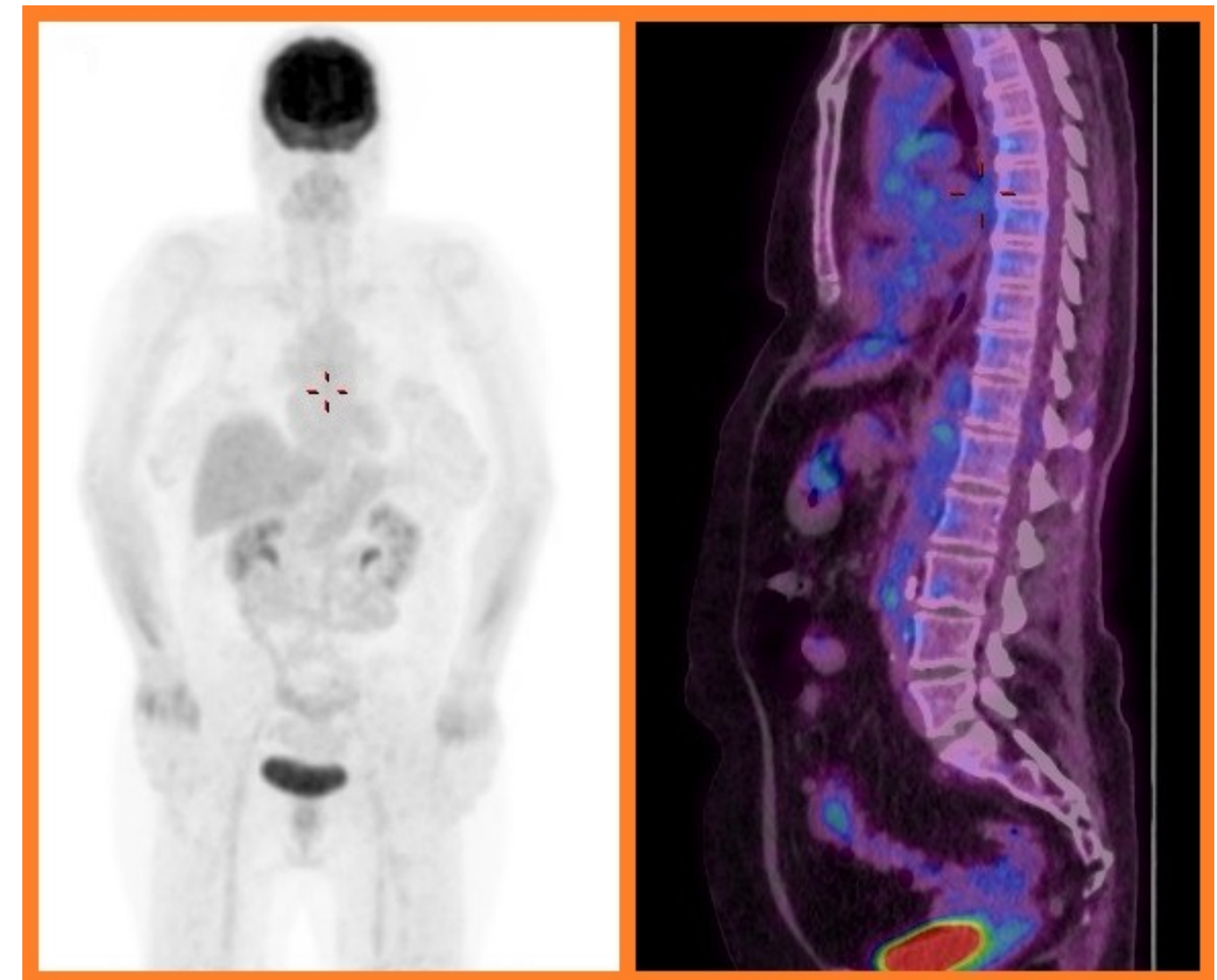


Case presentation

11/2022



02/2023



Discussion

Granulomatosis with polyangiitis (GPA; formerly Wegener's) is a rare inflammatory disease that affects small to medium-sized blood vessels

Our observation represents - to the best of our knowledge - the first case of a GPA relapse consisting of the concomitant occurrence of **pre-vertebral infiltrates** both at **thoracic** and **sacral** spine levels revealed by FDG-PET/CT imaging.



Discussion

- 17 cases (16 Ramirez + 1 Yoshida)
- 50% asymptomatic, 50% back pain ⁽⁴⁾

Mediastinal level

- Preferentially located at thoracic spine level, in the posterior part of the mediastinum ⁽⁴⁾
- A form of **fibrosing mediastinitis** ?

Sacral level

- Atypical location of **retroperitoneal fibrosis** ?
- Juxta-vertebral sacral infiltrate close to the iliac vessels as described in retroperitoneal fibrosis



Juxta-vertebral lesions in granulomatosis with polyangiitis

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Discussion

😊 Our case: excellent clinical, biological and metabolic response

- Better response in patients presenting with back pain ⁽⁴⁾
- In many cases, size of the lesions remains unchanged
Intralesional calcifications may occur ^(3, 4)



Conclusion

- Prevertebral lesions are considered an uncommon manifestation of GPA
- Diagnosis is complex
- FDG PET-CT is a promising tool for the management of patients with ANCA-associated vasculitis, allowing to detect and monitor the uncommon sites of involvement



Thank you!



References

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