

Azd-1222

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Anti-Neutrophil Cytoplasmic Antibody-associated vasculitis: case report

A 51-year-old man developed Anti-Neutrophil Cytoplasmic Antibody (ANCA)-associated vasculitis (AAV) following administration of AZD-1222 COVID-19 vaccine.

The man had no prior comorbid history. He had serum creatinine level 1.2 mg/dl before his illness. He was presented with a 3 days history of low-grade fever with debilitating inflammatory polyarthritis. He did not experience such symptoms in past and he was non-smoker. He had no history of COVID-19 infection. Fifteen days before the onset of present symptoms, he received first dose of AZD-1222 [Covishield; ChAdOx1 nCoV-19 Vaccine; *route and dosage not stated*]. His physical examination for synovitis involving multiple joints were remarkable. On findings, his kidney functions were deranged with serum creatinine 4.8 mg/dl, proteinuria 3.4 g/day, microscopic haematuria (erythrocyte casts and 8–10 erythrocytes/high-power field), elevated C-reactive protein 7 mg/L, erythrocyte sedimentation rate 46 mm/hour and positive PR-3 ANCA. However, other findings were in normal limit. Kidney biopsy indicated the pauci-immune crescentic glomerulonephritis. Nineteen of the 20 glomeruli biopsied demonstrated the crescents with predominant cellular crescents. Based on these examinations, he was diagnosed with ANCA associated AAV due to AZD-1222 vaccine. Therefore, he was referred to hospital.

The man's treatment was started with prednisolone and rituximab. At 20 weeks of follow-up, complete resolution in his symptoms were noted.

Prabhakar A, et al. ANCA-associated vasculitis following ChAdOx1 nCoV19 vaccination: case-based review. [Review]. *Rheumatology International* 42: 749-758, No. 4, Apr 2022. Available from: URL: <http://doi.org/10.1007/s00296-021-05069-x>

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