Granulomatosis with Polyangiitis (Wegner’s) : Often Mistaken for Tuberculosis

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**Case Study**

A 37 year old women presents to the hospital with complaints of dyspnea, hemoptysis, joint pain, and sinowitz-type symptoms. She has not been eating very well due to a loss of appetite. Initial vital signs were:

- Heart rate: 105 beats per minute
- Blood pressure: 102/68
- Respiratory rate: 32 breaths per minute
- Oxygen saturation: 87% on room air
- Temperature: 102 degrees Fahrenheit

Chest X-ray showed pulmonary consolidation and infiltrates (Alam et al., 2013, p.412)

There are at least 2 different phenotypes that can be distinguished in GPA, localized, or diffuse. The less severe of the two is the localized form, which manifest through the ENT, and is limited to the upper respiratory tract (Comarmond & Cacoub, 2014). This type is more recurrent and are more granulomatous with greater Th1 lymphocyte polarization (Comarmond & Cacoub, 2014).

The more serious form, diffuse, manifests through the kidneys leading to renal failure and for lungs by alveolar hemorrhage (Comarmond & Cacoub, 2014). With the diffuse from, relapse is less common, and there is greater Th2 lymphocyte polarization (Comarmond & Cacoub, 2014).

**Nursing Implications**

Nursing professionals of all levels need to be aware of GPAWG. Awareness of the disease is important because mortality rates go down with early treatment. With this disease being so rare, and having only three in 100,000 people being affected, it is not on the top of the list for potential diagnoses. Also, having so many different and symptoms, and with those signs and symptoms mimicking other conditions, it is hard to diagnose. Educating staff members on the condition and teaching them the criteria the American College of Rheumatology can lead to quicker diagnoses and treatment.

**Conclusion**

Granulomatosis with polyangiitis (GPA)/ Wegener's Granulomatosis is a rare and often fatal form of systemic vasculitis but early diagnosis and treatment have a significant positive impact on outcome and prognosis. A delay in diagnosis of GPA increases the risk of living with dialysis or of death (Mahmood et al., 2013). The study of this case emphasizes the need for careful consideration and systematic analysis of patients presenting respiratory symptoms and signs suggestive of pulmonary TB, so that the diagnoses of GPA/WG is not delayed or missed.

**References**


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