

POLYARTERITIS NODOSA

(Periarteritis; Necrotizing Angiitis)

NOLENSVILLE FAMILY MEDICINE

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BASIC INFORMATION

DESCRIPTION

Inflammation of small and medium size arteries in the body. This decreases the blood supply to the body organs supplied by the affected arteries. Polyarteritis nodosa can affect the muscles, joints, skin, heart, brain, intestinal tract, nerves, liver, kidneys, and genitals. It is more common in adults under age 50, and it occurs in men more than women.

FREQUENT SIGNS AND SYMPTOMS

- General symptoms include weight loss, fever, fatigue, general ill feeling, muscle and joint aches, weakness, high blood pressure, and headache.
- Other symptoms may be due to the affected organ:
 - Blood in the urine (kidney involved).
 - Chest pain (heart involved).
 - Abdominal pain (intestinal tract and liver involved).
 - Numbness and tingling of the hands and feet (nerves involved).
 - Purplish rash and other skin disorders (skin involved).
 - Testicle pain (testicles involved).

CAUSES

It is considered an autoimmune disease, although the cause is unknown. Hepatitis B appears to be a factor.

RISK INCREASES WITH

- Hepatitis B and sometimes hepatitis C.
- Other autoimmune diseases.
- Methamphetamine abuse.
- Smoking.
- Use of certain drugs, including penicillin, antithyroid drugs, thiazide diuretics, and some vaccines.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOMES

- The disorder is chronic and progressive. Symptoms may be relieved or controlled. With treatment, about 80% of patients survive 5 years or more. Without treatment, few patients live beyond 5 years.
- Research into causes and treatment continues, so there is hope for more effective treatment and cure.

POSSIBLE COMPLICATIONS

- Kidney failure.
- Heart attack or heart failure.
- Stroke.
- Nervous system disorders.
- Intestinal perforation.
- Aneurysm rupture.
- Side effects of drugs used in treatment.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms. Medical tests may include blood and urine studies, x-ray, biopsy, and MRI. Angiography may be done—a dye is injected into the arteries to highlight the affected areas and x-rays taken.
- Treatment is with drugs to reduce the inflammation.
- Hospital care may be needed for severe cases and complications.
- Surgery may be needed if there are complications involving the intestinal tract.
- To learn more: National Institute of Arthritis & Musculoskeletal & Skin Disorders, 1 AMS Circle, Bethesda, MD, 20892-3675, (877) 226-4267; website: www.nih.gov/niams or Polyarteritis Nodosa Research & Support Network, website: www.pansupport.org.

MEDICATIONS

- Cortisone drugs and immunosuppressive drugs are usually prescribed. They need to be continued even after symptoms improve. The dosage may be reduced once the symptoms are controlled. Some patients want to stop the drugs because of side effects. Without drugs, however, the disorder will progress and cause complications.
- Drugs to treat other disorders such as hepatitis B, heart drugs, or drugs for high blood pressure may be prescribed.

ACTIVITY

Resume your normal activities gradually as symptoms improve.

DIET

No special diet unless advised by your health care provider.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of polyarteritis nodosa.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Special notes:

More notes on the back of this page