

POLYARTERITIS NODOSA (PAN)

What is Polyarteritis nodosa ?

Polyarteritis nodosa (PAN) is a vasculitis disease, which affects the small and medium sized arteries. PAN commonly affects the skin, heart, kidneys and central nervous system.

What causes PAN?

There is no known cause of PAN, but it is not contagious.

Who gets PAN?

PAN is most common in people in their thirties and forties. Men are twice as likely as women to get PAN. In some cases, it is associated with chronic hepatitis B infection or a very specific type of leukemia known as hairy cell leukemia.

What are the symptoms?

Symptoms include fever, fatigue, weakness, loss of appetite, and weight loss. Muscle and joint aches are common. The skin may show rashes, swelling, ulcers, and lumps.

Other symptoms include abdominal pain and gastrointestinal bleeding (occasionally mistaken for inflammatory bowel disease). Nerve involvement may cause sensory changes with numbness, pain, burning, and weakness. Central nervous system involvement may cause strokes or seizures. Kidney involvement can produce varying degrees of renal failure. Involvement of the arteries of the heart may cause a heart attack, heart failure, and inflammation of the sack around the heart (pericarditis).

How is PAN diagnosed?

There is no specific test to diagnose PAN. Diagnosis is based upon physical examination, lab tests and biopsy of affected area. Most patients with PAN have elevated blood sedimentation rate. Proteinuria (protein in the urine) is common among patients with kidney involvement.

What is the prognosis?

Treatment of PAN has improved dramatically in the past two decades.

Before the availability of effective therapy, untreated PAN was usually fatal within weeks to months. Now, in most cases of PAN, if diagnosed early enough, the disease can be controlled and put into remission.

What is the treatment?

After diagnosis, patients are treated with high doses of steroids. Other immunosuppressive drugs are also added for patients who are especially ill. The proposed regimen for patients with PAN associated with hepatitis B, consists of prednisone to control the vasculitis, followed by plasmapheresis to remove immune complexes, and accompanied by antiviral therapy with lamivudine to rid the patient of the hepatitis B infection.

What is Vasculitis?

Vasculitis is an inflammation of the blood vessels, arteries, veins or capillaries. Vasculitis is a family of diseases. The cause of vasculitis is unknown, but through research and treatment, outcomes have improved significantly over the past 20 years.

Continued research is essential for further advances in these diseases, which can be life-threatening.

About the Vasculitis Foundation

The Vasculitis Foundation (VF) is the largest international patient support group for people with vasculitis.

Through its website, newsletter, brochures, informational materials, medical consultants, symposia and chapters, VF raises awareness and educates its patients, family members and friends.



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www.VasculitisFoundation.org

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