ACKNOWLEDGMENTS

Conflict of Interest: The editor in chief has reviewed the conflict of interest checklist provided by the authors and has determined that the authors have no financial or any other kind of personal conflicts with this paper.

Author Contributions: All authors contributed to this paper.

Sponsor's Role: None.

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SIXTY-EIGHT-YEAR-OLD MAN PRESENTING WITH CONCURRENT MICROSCOPIC POLYANGIITIS AND PROSTATE CANCER

To the Editor: Vasculitides are a potentially life-threatening group of disorders that can cause inflammation and damage in blood vessels. The precise etiology and conditions contributing to its development are not completely understood, but it is thought to involve factors such as various drugs, allergies, rheumatological diseases, infections, and malignancies.[1] Some individuals with vasculitis have underlying malignancies, and the vasculitides in these individuals could be developing secondary to the malignancies. These cases are known as malignancy-associated vasculitides.[1,2] Rarely vasculitis and malignancy are concurrently diagnosed (within the same month—synchronous).[2,3] Herein is reported an elderly adult diagnosed with concurrent microscopic polyangiitis (MPA) and prostate cancer during investigation of the etiology of acute renal failure.

A 68-year-old man presented with a 3-month history of exhaustion, night sweats, a 15-kg loss of body weight, and a 1-week history of dark-colored urine and low urine volume. He also had a history of frequent urination and urinary intermittency. There were no abnormal findings on physical examination, but a 1-cm mass was palpated on rectal examination. Laboratory results showed hemoglobin 10.3 g/dL (normal 13–17 g/dL), erythrocyte sedimentation rate (ESR) 105 mm/h (normal 0–15 mm/h), C-reactive protein (CRP) 89.3 mg/L (normal 0–6 mg/L), blood urea nitrogen (BUN) 44.3 mg/dL (normal 5–25 mg/dL), creatinine 4.1 mg/dL (normal 0.9–1.3 mg/dL). Free prostate-specific antigen (PSA) was 1.2 ng/mL (normal 0–0.5 ng/mL), and total PSA was 17.9 ng/mL (normal 0–4 ng/mL). Urinalysis showed trace proteins, and hematuria was identified (15/high-power field). Results of a 24-hour urine test indicated proteinuria (2.3 mg/d). Myeloperoxidase-specific antineutrophil cytoplasmic antibody (ANCA) test was positive. Renal biopsy showed necrotizing crescentic glomerulonephritis (Figure 1). He was diagnosed with MPA. Because of his age, high PSA, and rectal examination, prostate biopsy was performed, and results were consistent with acinar type prostate adenocarcinoma. Thoracoabdominal computed tomography and bone scintigraphy were negative for metastasis. He underwent intravenous pulse corticosteroid therapy (1 g/d) for 3 days, followed by maintenance therapy with oral corticosteroids (1 mg/kg per day) for MPA. After 10 days of treatment, his serum creatinine decreased to 2.7 mg/dL, ESR to 25 mm/h, and CRP to 3.3 mg/L. Hormone therapy (triptorelin injection) was started for prostate carcinoma. High creatinine, ESR, and CRP were found at 1-month follow-up. MPA reactiva-

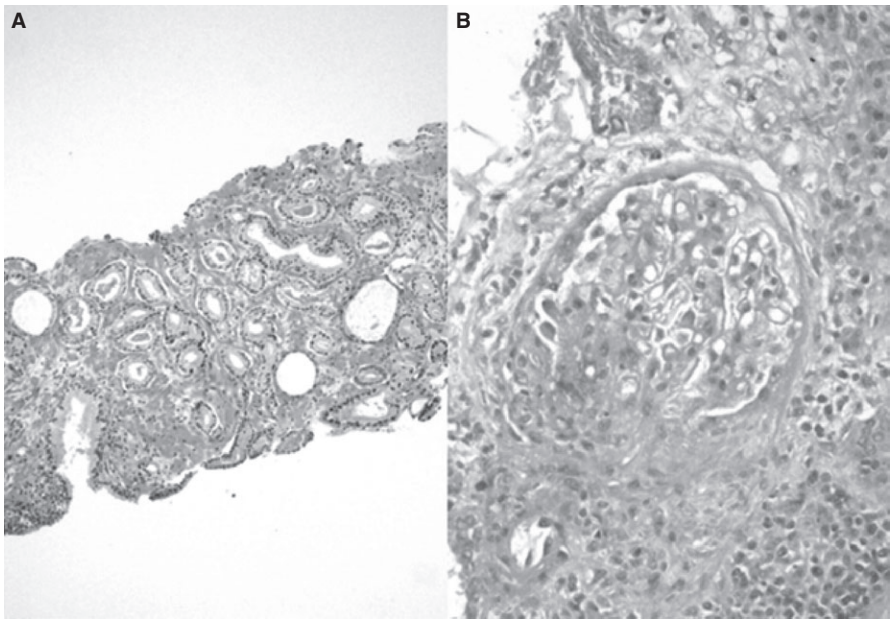


Figure 1. (A) Acinar type grade 3 + 3 prostate adenocarcinoma focus (hematoxylin and eosin x100). (B) Minor fibrinoid necrosis and glomerular morphology showing segmental cellular crescent formation (hematoxylin and eosin x400).

tion was considered, and he was hospitalized. Renal replacement therapy was implemented, and during inpatient treatment, he died of massive gastrointestinal bleeding.

In general, the rate of vasculitis during the course of malignancies is 2.3% to 8%.[1] Vasculitides develop more frequently with hematological malignancies than solid tumor malignancies Vasculitides associated with solid tumors are more commonly seen in lung, gastrointestinal, and genitourinary (including prostate) malignancies.[1,2] Leukocytoclastic vasculitis and polyarteritis nodosa are the more commonly observed forms of malignancy-associated vasculitides.[1–3] Less frequently, ANCA-associated vasculitis including microscopic polyangiitis (MPA) can develop secondary to solid tumors.[2,3]

In some rare instances, vasculitis and malignancy are diagnosed concurrently or within a short period of time (within the first 12 months).[2,4] This case report describes an individuals diagnosed with concurrent MPA and prostate cancer. In a previous report, the first known case of concurrent prostate cancer and perinuclear ANCA–associated vasculitis was described,[5] but the diagnoses of prostate cancer and perinuclear ANCA–associated vasculitis were both based on clinical and laboratory findings but not verified in biopsy specimens. The current case is noteworthy because it is the second reported instance of concurrent prostate cancer and MPA and the first in which the diagnoses of prostate cancer and MPA were confirmed with biopsies.

Additionally, when the literature was searched for case reports that included large populations diagnosed with concurrent vasculitis and malignancy, the age at diagnosis was generally 65 and older above.[2,4,6–8] The high risk of malignancy with older age may explain this, although it is still a significant finding because it suggests greater risk of malignancy in older adults (≥65) diagnosed with vasculitis than in those younger than 65. Because there are no definitive data on this putative correlation, more studies are needed to prove or elucidate it.

In individuals diagnosed with vasculitis, including MPA, prostate screening should be performed while screening for malignancies, especially in the case of elderly adults with risk factors and alerting symptoms.

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ACKNOWLEDGMENTS

Conflict of Interest: All authors declare no conflict of interests.

Author Contributions: Murat Kucuk and Ulver Derici reported the case. Hayretdin Koklu and Nimet Oge Koklu wrote the text and edited the manuscript. Ipek Isik Gonul and Gamze Ozkazanc performed pathologic procedures. Yusuf Erkul provided literature data.

Sponsor's Role: There is no sponsor for our study.

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REVERSIBLE COGNITIVE IMPAIRMENT ASSOCIATED WITH THE USE OF DABIGATRAN

To the Editor: An independent 89-year-old male skydiver with atrial fibrillation was started on dabigatran for stroke prevention (CHADS2-VASc score 3). His medical history included a traumatic subdural hematoma 30 years before, with no history of neurological or cognitive impairment.

Shortly after commencing dabigatran, he developed mild cognitive impairment with short-term memory loss and subtle word-finding difficulties. Five months later, he experienced four tandem transient ischemic attacks (TIAs) over a 2-month period. These events were characterized by sudden onset and self-limiting expressive dysphasia without other focal neurological features, all of which resolved within 1 hour. During these episodes, he remained adherent to dabigatran, which was packed in a blister pack, and high activated partial thromboplastin time on blood testing confirmed the drug effect. The cognitive impairment