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Abstract

Subglottic Stenosis in Wegener's granulomatosis  
- A Case Report -

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Wegener's granulomatosis (WG) is a multisystemic inflammatory disease characterized by necrotizing granulomatous inflammation and vasculitis of unknown etiology which classically affects the upper airway, lung, and kidney. Subglottic stenosis (SGS) is rare and occurs independently of other features of active WG. SGS can be a life-threatening manifestation of disease, and prompt diagnosis is essential. Since the presenting symptoms of SGS can be nonspecific, SGS should be considered in the differential diagnosis of any patient with WG who has increasing dyspnea, voice change, or cough. Although both surgical and medical treatments have been utilized, the optimal therapeutic approach to SGS in patients with WG has not been determined. So far, a case of WG with SGS has not been reported in Korea. Recently, we experienced a case of 59-year-old woman with SGS in WG. She responded to prednisolone and methotrexate therapy and did not require surgical intervention. So we report this case with a review of literatures.

Key Words : Wegener's granulomatosis, Subglottic stenosis

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: 59  
 : ,  
 : 19  
 : 4 cyclophos-  
 phamide 가 , 7  
 8.5~23% 4  
 가 6  
 가  
 : 24 18  
 , 8  
 가 :  
 : 150cm,  
 78kg , 180/90mmHg, 70  
 /min, 19 /min, 36.5°C .  
 ( 14mm, 22mm)  
 (



Fig. 1. Saddle nose deformity in Wegener's granulomatosis.

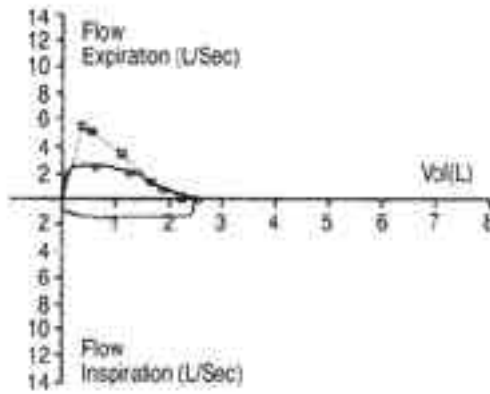


Fig. 2. In subglottic stenosis, flattening of the inspiratory phase of the loop is seen, which is diagnostic of an extrathoracic airway obstruction.

1). 2-3/HPF, 811mg,  
 . 24 62.7mL/min/1.73m<sup>2</sup> .  
 : 13.2g/dL, ASO titer 25.3 IU/L,  
 40.9%, 7,300/mm<sup>3</sup>, VDRL , ,  
 221,000/mm<sup>3</sup>, (ESR) 15 dsDNA ` , C3/C4: 66.9/20.9  
 mm/hr, CRP 0.4mg/dL . mg/dL( : 45-86/11-47) .  
 Na+ 140mmol/L, K+ 3.6mmol/L, Cl- 105.8mmol/L, total CO<sub>2</sub> 26mmol/L . c , p  
 9.2mg/dL ,  
 4.9mg/dL, 6.4g/dL, 3.9g/dL, (ELISA) proteinase-3 95.3U/mL(  
 BUN 14mg/dL, creatinine 0.7mg/dL , <5U/mL), myeloperoxidase 0.5  
 U/mL( <5U/mL) .  
 1.015, (-), (2+) ,

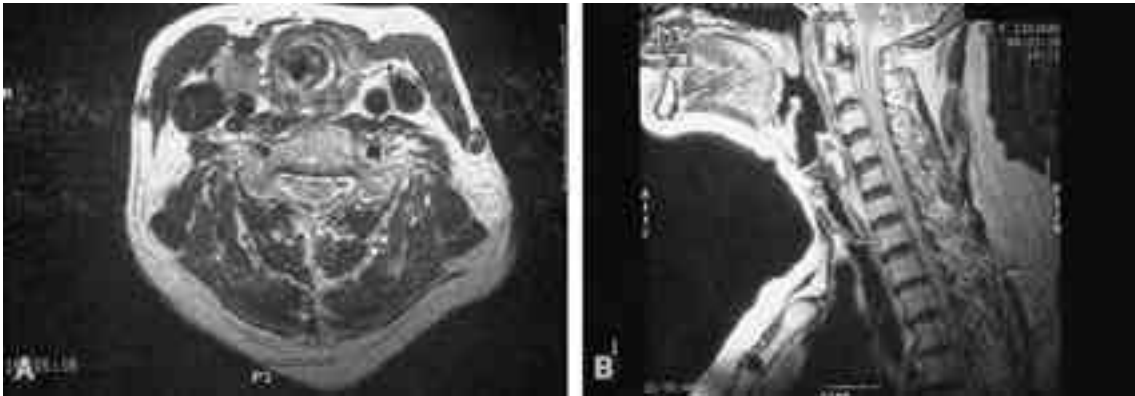


Fig. 3. Magnetic resonance imaging of the neck. (A) An axial image reveals marked nodular narrowing(closed arrow) of upper trachea. (B) A sagittal image reveals two foci of subglottic stenosis (closed arrows).

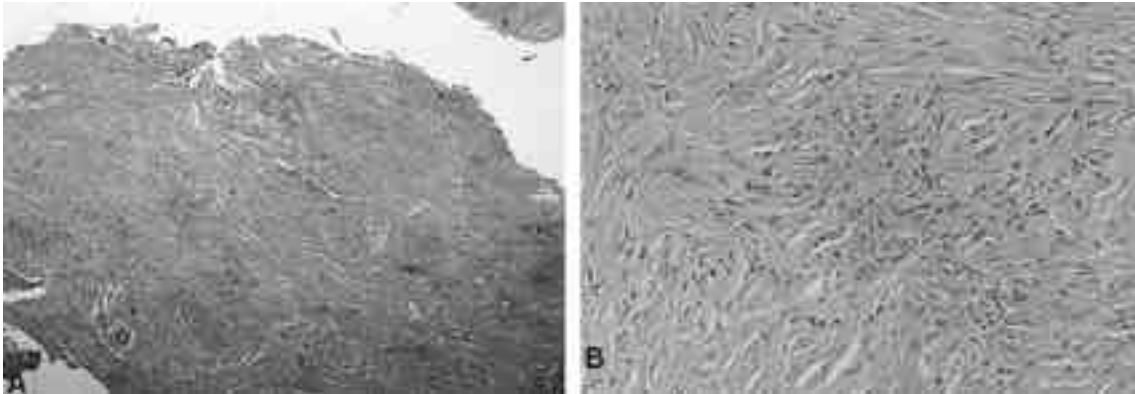


Fig. 4. Histopathology of the nasal mucosal biopsy. (A) Vasculitis and hemorrhagic necrosis were observed (H&E x40). (B) Granulomatous involvement of subepithelial stroma with inflammatory debris and necrosis of collagen (H&E x400).

( 2).

40~50

: X-

9)

X-

3cm

3),

1cm

3mm

가

1/3

13)

4-6)

67%

( 4).

(focal proliferative glomerulonephritis)

1)

: pred-

nisolone 60mg, cyclophosphamide 100mg

7

80~85%

가 cyclophosphamide

가

15%

methotrexate 7.5mg

14

, 3

proteinase-3

15.3

가

U/mL

가

4-6)

52%

(decannulation)

0~86%

14,15)

6)

(hypersensitivity)

가

9,10)

가

가

가

5%

가가

가

7)

11,12)

가

가

가

가

가

1.6:1

cyclophosphamide

50%

가

가

7)

가

2

가

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25

5

20

13

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43

가 11

32

20

가

가

prednisolone

methotrexate

가

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