

Histopathologic Characteristics of Vasculitides

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Vasculitides are a group of heterogenous disorders and classification is now based on the size of the affected vessels. Immunologic development of immune complex (IC) or antineutrophil cytoplasmic antibody (ANCA) detection have led to better distinguishing vasculitis. The mechanism of vasculitides are still poorly understood, but most noninfectious vasculitides involve immunologic mechanisms. Large vessel vasculitides include giant cell (temporal) arteritis and Takayasu arteritis, showing granulomatous inflammation. Age is a very useful feature for differentiating between giant cell arteritis in the elderly and Takayasu arteritis in young women. Medium sized vessel vasculitides include polyarteritis nodosa (PAN, classic) and Kawasaki disease. PAN is a transmural necrotizing vasculitis, typically involving renal and visceral vessels and sparing pulmonary vessels. Kawasaki disease is associated with mucocutaneous lymphnode syndrome, usually in children. Corinary arteries are often involved. Many of small vessel vasculitides are resulting from immunologic reaction, and include Henoch-Schonlein purpura (HSP) and cryoglobulinemic vasculitis, ANCA-mediated vasculitis (pauci-immune), such as Wegener granulomatosis (WG), Churg-Strauss syndrome (CSS), and microscopic polyangitis (MPA). WG is a necrotizing granulomatous inflammation and most have respiratory tract and renal involvement. CSS is also a necrotizing granulomatous inflammation, but is associated with Asthma and peripheral eosinophilia. MPA is a necrotizing vasculitis without granulomatous inflammation, and is the most common cause of the pulmonary-renal syndrome. HSP shows leukocytoclastic vasculitis with depositions of IgA dominant IC and most frequent in childrens. Cryoglobulinemic vasculitis is caused by the localization of mixed cryoglobulins in vessel walls and have an average age of 50 years. To make diagnosis of cutaneous leukocytoclastic vasculitis, it is essential to exclude systemic vasculitides with cutaneous involvement.