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## IGg4 Vasculitis – A rare cause of intestinal ischemia

### Bipneet Singh

Henry Ford Jackson and University of Michigan, USA

48-year-old male patient with a complaint of 4 days of abdominal pain which was generalized initially, later on became more pronounced in the left flank and progressively continued to get worse with associated diarrhea. Patient denied any fever, chills, sore throat, productive cough, chest pain, palpitations, nausea, vomiting, constipation, hematuria, melena, blood in the stool, frequency urgency, weakness or numbness of the extremities. Patient was afebrile, hemodynamically stable and lab work including lipase and LFTs were unremarkable except creatinine 1.6 with GFR 54. CT abdomen pelvis showed findings suggestive of acute/subacute infarcts within the anterior mid left kidney and anterior right kidney. There were also patchy areas of ischemia in different regions of gastrointestinal tract Non-specific fat stranding in the distal aortocaval region and extending into the proximal right iliac region suggestive of inflammatory process versus retroperitoneal fibrosis or inflammatory aortitis/arteritis. LDH was elevated at greater than 400. Suspecting an embolic phenomenon, echo was obtained which did not show any intramural thrombus. CTA of the chest abdomen and pelvis shows severe stenosis of the right renal artery with wall thickening, wall thickening and narrowing of the left renal artery, fat stranding of the distal abdominal aorta, extending into the right common and external iliac arteries, and hypoperfusion of the right greater than left renal artery suggesting infarcts. There was associated thickening of celiac, SMA and IMA regions. Due to possible inflammatory changes, rheumatology evaluated the patient, upon work-up, IgG levels and inflammatory markers were elevated. Rest of autoimmune workup was negative and patient was started on oral steroids for possible IgG4 related vasculitis which led to drastic improvement in symptoms. Patient was further scheduled for biopsy for further confirmation of diagnosis..

### Biography

Dr. Bipneet Singh studied medicine at DMCH Ludhiana and graduated as MBBS in 2021. He then was selected for residency in internal medicine at Henry Ford Health Jackson in Internal Medicine. Due to keen interest in GI he worked with the chair of GI Dr. Bern, working on publications and poster presentations with most prominent ACG Vancouver where he won outstanding poster presenter. With plans to apply for GI fellowship at the end of residency, he is currently involved with projects with faculty at Henry Ford Jackson and University of Michigan

drbipneetsingh18@gmail.com

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