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GRANULOMATOSIS WITH POLYANGIITIS REVIEW

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ABSTRACT: Granulomatosis with polyangiitis (GPA), formerly known as Wegener's granulomatosis (WG), is a rare disease from the group of systemic ANCA-associated vasculitides (systemic vasculitis associated with the presence of antineutrophil cytoplasmic antibodies), characterized by granulomatous inflammation and necrotizing vasculitis of small and medium-sized vessels (capillaries, venules, arterioles, arteries), affecting mainly the upper and lower respiratory tract, as well as the kidneys [1-4] . The prevalence of hepatitis B in the population is 25-60 cases per 1 million population, the incidence is 3-12 cases per 1 million. However, the incidence of hepatitis B in European countries, according to some data, has increased 4 times over the past 30 years. An increase in new cases of the disease has been noted in the autumn-winter period [5-12].

KEYWORDS: library, PubMed/MEDLINE, ScienceDirect, EBSCO, for the period from 2010 to 2024, which were found using the keywords “Wegener's granulomatosis, vasculitis, polyangiitis ".

INTRODUCTION

GV is divided into local, limited and generalized forms. The local form is an isolated lesion of the upper respiratory tract, organ of hearing and organ of vision. The limited form implies damage to the lungs with the presence or absence of local lesions of the upper respiratory tract, hearing and vision. The generalized form is characterized by the development of glomerulonephritis, regardless of the presence or absence of damage to other organs. During the GW there are three periods. The onset of the disease is characterized by local changes in the upper respiratory tract, middle ear or eyes [13]. During the period of generalization, internal organs, primarily the lungs and kidneys, are involved in the pathological process. In the terminal period, the development of renal and/or pulmonary heart failure progresses. The clinical picture of hepatitis B is very diverse. Common symptoms at the onset of the disease are fever, general weakness, weight loss, myalgia/arthralgia [14]. The onset of the disease can be subacute (with the development of clinical symptoms over several weeks) or primary chronic. One of the leading manifestations is damage to the ENT organs, which occurs in the advanced stage of the disease in 90-94% of patients.

RESULTS

The German pathologist F. Wegener described this disease as a separate nosological unit, noting the characteristic clinical and morphological features, and for the first time identified this disease as a special form of vasculitis [5-8] . In 1954, G. Gudman and J. Churg formulated clinical and morphological criteria for hepatitis B, including a triad of pathological signs: systemic necrotizing

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vasculitis, necrotizing granulomatous inflammation of the respiratory tract and necrotizing glomerulonephritis. The first description of GW in Russian literature belongs to A.I. Strukov and V.V. Badmaeva [9].

The reasons for the development of this malignant necrotizing vasculitis are still unknown. The morphological substrate of the disease is granulomas, accompanied by necrosis [10-12] . Therefore, the gold standard for confirming the diagnosis today remains histological examination of the affected tissue (nasal mucosa, lung tissue, skin or kidney, granulation tissue of the orbit of the eye), obtained during surgery or by biopsy. Two types of changes are detected in the tissues studied: necrotizing granuloma and necrotizing vasculitis. The disease is characterized by a widespread necrotizing process in blood vessels of all levels with predominant damage to muscular arteries and the microvasculature. Panarteritis with the spread of inflammatory phenomena to all three membranes of the vessel is typical for hepatitis B. As a result of destructive-productive vasculitis, giant cell granulomas are formed, followed by their destruction or necrosis.

CONCLUSION

Early diagnosis of hepatitis B is a difficult clinical task and requires a thorough examination of the patient using modern research methods to identify pathognomonic symptoms. A targeted search for damage to the respiratory tract is necessary, including rhinoscopy, laryngoscopy, computed tomography of the paranasal sinuses and lungs, since for a long time the disease can be asymptomatic or accompanied by scant clinical symptoms.

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