

♂ 76 y.o.

Present history

- Decrease in BW (6 kg/6 months) and frequent dry cough since a deer hunting in the pyrenea in March 2010
- Beginning September different exams are done ambulatory (echography, Chest CT, ...)
Biology shows a CRP at 5 mg/dl and creatinin at 0.9 mg/dl
- Patient in relative good condition (go hunt three weeks before hospitalisation)
- Only medication Asafflow 160 mg, Coversyl 5 mg
- Two days before admissions the patient received Furadantine for a putative urine infection (?)
(asymptomatic)

Past medical history

- Meningeal hemorrhage in 1991 (no aneurism)
- Severe mitral prolaps and atrial fibrillation since 5 years (refuse anticoagulation)
- Abdominal aortic aneurism operated 15 years ago







Physical examination

- 38.5°C (during 48hrs then disappeared)
BP 12/7 FA 90/min
- Large purpuric eruptions on the lower legs
- Heart murmur (mitral 4/6; unchanged)

Biology

- CRP 12 mg/dl
- Creatinin 1.9 mg/dl
- WBC: $10 \cdot 10^3 / \text{mm}^3$ (PN 75%)
- Hb: 10.5 g/dl
- Platelets: $250 \cdot 10^3 / \text{mm}^3$
- Urine: WC +
RC ++
Prot. 1.5 g/g creat.

Diagnostic

- Hypersensitivity vasculitis secondary to Furadentine
- ANCA associated vasculitis (cutaneous/kidney)
- Henoch-Schönlein purpura of the elderly
- Hantavirus infections
- Cancer related vasculitis
- Cryoglobulin related vasculitis
- Other...

“Granulicatella adjacens
endocarditis”

(6 hemoculturs positive)