

Size of vessel	Large Vessel		Medium					
	Takayasu arteritis	GCA	Polyarteritis nodosa	Kawasaki	Pauci-immune			Type III hypersensitivity
					Granulomatosis with polyangiitis (WG)	Churg Strauss syndrome	Microscopic polyangiitis	
Vasculitis								
Epidemiology	Young Asian women	>50 women	Adolescents. Group A strep, hep B+C, HIV, parvovirus	<5y/o boys. Japanese.	Middle age.	Middle age.	-	<10 years old
Path/phys	Granulomatous inflammation of aorta leading to stenosis, thrombosis and aneurysms.	Granulomatous inflammation in artery walls, mainly extracranial branches of the carotid (and aorta). T cells and Mphages.	Type III hypersensitivity. Strings of aneurysms – rosary beads.	Unknown autoimmune.	Autoimmune cANCA against proteinase 3 antigen, maybe initiated by bacterial infection	Asthma eosinophilia and raised IgE due to cANCA autoimmune reaction	High levels of pANCA binds to neutrophils to cause degranulation. Toxins released.	IgA, potentially triggered by GAS infection, deposited with C' in vessel walls causing inflammation
Clinical	Upper limb claudication, absent pulses, unequal BP, TIA, arthralgia, low grade fever	Headache, jaw claudication, loss of vision, tender scalp. Linked to polymyalgia rheumatica.	Malaise, fever, sore throat. Tender palpable purpura. Livedo reticularis.	Lymphadenopathy Oral – strawberry tongue, red lips Limbs – swollen hands & feet, palmar erythema Eyes – red Rash - morbilliform	Fever ENT – sinusitis, otitis media, ulcers, saddle nose Lungs – cough, haemoptysis, pleuritis Kidney – oliguria, haematuria Skin – ulcer, palpable purpura	1) atopy, 2) eosinophilia 3) vasculitis Bloody diarrhoea, haematuria, joint ache, pericarditis, necrotic ulcers on extensors	Fever, low appetite, wt loss, fatigue. Haematuria and proteinuria. Purpura and livedo reticularis.	Palpable purpuric rash in lower legs and extensors, arthritis, abdo pain and kidney impairment.
Diagnosis	CT angiography ↑ESR,CRP	↑ESR, CRP. Temporal artery biopsy (skip lesions)	Biopsy – inflammation of vessel wall	Fever for 5 days AND 4/5 above AND no DDX	c-ANCA, RHE	c-ANCA, eosinophilia, asthma	p-ANCA, protein and RBC on dipstick	Clinical. Bloods and urine for kidney involvement.
Treatment	Prednisolone Biologics	Prednisolone MTX	Prednisolone	Single IVIg on 5 th -10 th day. Paracetamol.	Prednisolone and cyclophosphamide, biologics	Prednisolone, biologics	Prednisolone, cytotoxics	Observe. NSAIDs for abdo/joint pain