

Hepatitis B-associated cryoglobulinemic vasculitis: A diagnostic and therapeutic challenge

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Abstract

Introduction: Cryoglobulinemia, a rare extrahepatic manifestation of hepatitis B virus (HBV) infection, presents significant diagnostic and therapeutic challenges. Here, we present a complex case of cryoglobulinemic vasculitis in a patient with chronic HBV infection.

Case Description: A 56-year-old man with a history of type 2 diabetes, hypertension, and coronary artery disease was hospitalized for acute nephritic syndrome with rapidly worsening renal function.

Methods: A multidisciplinary approach, including thorough clinical, biological, and immunological assessments, was adopted to address the complexity of the patient's clinical presentation.

Results: The diagnosis was hepatitis B-associated cryoglobulinemic vasculitis with multisystem involvement, including cutaneous manifestations (ochre dermatitis), neurological symptoms (axonal sensorimotor polyneuropathy), vascular complications (thrombosis in the upper and lower limbs), and otolaryngological involvement (leukocytoclastic necrotizing vasculitis), as well as renal involvement (membranoproliferative glomerulonephritis). Chronic HBV infection was confirmed with a high viral load of 1.33×10^2 IU/mL and a profile of mixed cryoglobulins composed of monoclonal IgG Kappa and monoclonal IgM Kappa. Treatment involved corticosteroids and antiviral therapy with entecavir. However, the patient developed hemorrhagic and septic complications and ultimately succumbed to acute respiratory distress.

Conclusion: This case highlights the diagnostic and therapeutic difficulties of cryoglobulinemic vasculitis in patients with chronic HBV infection. A multidisciplinary approach is essential for optimal management, and close monitoring is necessary to prevent treatment-related complications.