Answer: Cholesterol crystal embolism

MCQ Explanation:

Cholesterol embolization typically occurs in men >50 years old at risk for atherosclerosis following arteriography, cardiac catheterization, vascular surgery, abdominal trauma, or anticoagulant use.\textsuperscript{1,2} It presents with renal failure, abdominal pain, systemic symptoms (weight loss, fever, myalgia), or, most commonly, skin findings (88%).\textsuperscript{3} “Blue-toe syndrome,” characterized by tissue ischemia, is seen in 65% of patients.\textsuperscript{3} Patients may have elevated C-reactive protein, transient hypocomplementemia, and eosinophilia. Diagnostic histopathologic findings are intravascular cholesterol crystals, seen as cholesterol clefts. Treatment comprises managing cardiovascular risk factors and end-organ ischemia and preventing recurrent embolization. Steroid use has shown modest success.\textsuperscript{4} In our patient, we diagnosed cholesterol crystal embolism, and symptoms improved after prednisolone treatment (20 mg/day).

Other considerations include renal parenchymal disease, ANCA-associated vasculitis and infectious endocarditis. The lack of fever or heart murmur on exam make infectious endocarditis less likely. ANCA-associated vasculitis and renal parenchymal disease have a more prolonged onset, and ANCA-associated vasculitis typically involves multiple organ systems, unlike with this patient.

References:


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