

Guideline of Diagnosis Classification for Vasculitis: March 2002

The Research Committee on Intractable Vasculitides, the Ministry of Health and Welfare of Japan

Hiroshi Hashimoto, Juntendo University School of Medicine, Tokyo, Japan, Project Leader

Translation by

Shigeto Kobayashi¹), Peter Shane¹), and Yuji Yamanishi²)

1) Juntendo University School of Medicine, Tokyo, Japan

2) Hiroshima City Hospital, Hiroshima, Japan

Proposed diagnostic criteria for

allergic granulomatous angiitis (AGA, or Churg–Strauss Syndrome)

(Research Committee on Intractable Vasculitis and Research Committee on Epidemiology of Intractable Diseases, The Ministry of Health and Welfare of Japan, 1998)

1. Clinical manifestations

- 1) Bronchial asthma or allergic rhinitis
- 2) Eosinophilia
- 3) Manifestations due to angiitis: Fever $>38^{\circ}\text{C}$ for more than 2 weeks, weight loss of >6 kg within 6 months, mononeuritis multiplex, GI bleed, purpura, polyarthralgia/polyarthritis, myalgia/myositis

2. Characteristic clinical course

Clinical manifestation 1) and 2) precedes 3)

3. Histological findings

- 1) Granulomatous angiitis or necrotizing angiitis in small-sized arteries characterized by eosinophilic infiltration of vessel walls and extravascular tissues
- 2) Extravascular granuloma

4. Diagnosis

- 1) Definite
 - A) At least one clinical manifestation with at least one histological finding
 - B) All three clinical manifestations with typical clinical course
- 2) Probable
 - A) One clinical manifestation with one histological finding
 - B) Three clinical findings but lack of characteristic clinical course

5. Laboratory Reference

- 1) Increased number of WBC (around $1,0000/\text{O.M}$)
 - 2) Increased number of platelets (around $400,000/\mu\text{L}$)
 - 3) Increased level of IgE (>600 U/mL)
 - 4) Positive MPO–ANCA test
 - 5) Positive rheumatoid factor
 - 6) Pulmonary infiltration by chest X-ray
-