

In primary or secondary vasculitis neuropathy treatment method depends on the systemic disease severity, but cyclophosphamide with steroid combination is the first line choice in many cases.

In infectious base VPNs short term corticosteroid therapy with at least 6 months anti viral drugs is recommended and plasmapheresis must be considered in resistant patients.

Anti-TNF alpha and Rituximab are the recommended agents in progressive disease.

Pain control medications and physical rehabilitation are necessary in many patients even after appropriate VPN management (13). Patients' prognosis is related directly to early diagnosis and management. It seems that neurologic outcome and deficits are worse in systematic vasculitis neuropathy (14).

In conclusion obtaining accurate and early preventive and therapeutic strategies in patients with systemic vasculitis could reduce the vasculitis peripheral neuropathy burden.

Conclusion

Peripheral nervous system (PNS) destruction during systemic vasculitides should be considered due to its frequency and early occurrence in vasculitis progression.

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Conflict of Interest

The authors declare no conflict of interest.

References

1. Pagnoux C, Guillevin L. Peripheral neuropathy in systemic vasculitides. *Curr Opin Rheumatol*. 2005;17:41-48.
2. Gorson KC. Vasculitic neuropathies: an update. *Neurologist*. 2007;13:12-19.
3. Vrancken AF, Notermans NC, Jansen GH, et al. Progressive idiopathic axonal neuropathy- a comparative clinical and histopathological study with vasculitic neuropathy. *J Neurol*. 2004;251: 269-278.
4. Collins MP, Dyck PJ, Gronseth GS, et al. Peripheral Nerve Society Guideline on the classification, diagnosis, investigation, and immunosuppressive therapy of non-systemic vasculitic neuropathy: executive summary. *J Peripher Nerv Syst*. 2010;15:176-184.
5. Finsterer J. Systemic and non-systemic vasculitis affecting the peripheral nerves. *Acta Neurol Belg*. 2009;109:100-113.
6. Rossi CM, Di Comite G. The clinical spectrum of the neurological involvement in vasculitides. *J Neurol Sci*. 2009;285:13-21.
7. Collins MP, Periquet ML. Isolated vasculitis of the peripheral nervous system. *Clin Exp Rheumatol*. 2008;26:S118-130.
8. Correia Cda C, Teixeira HM, Melo RV. 8. Vasculitic neuropathy presenting as Churg-Strauss paraneoplastic syndrome: a rare association. *Arq Neuropsiquiatr*. 2011;69:994-995.
9. Fauchais AL, Magy L, Vidal E. Central and peripheral neurological complications of primary Sjögren's syndrome. *Presse Med*. 2012; 41:e485-493.
10. Asakura K, Muto T. Neurological involvement in Wegener's granulomatosis. *Brain Nerve*. 2013; 65:1311-1317.
11. Jamilloux Y, Magy L, Hurtevent JF, et al. Immunological profiles determine neurological involvement in Sjögren's syndrome. *Eur J Intern Med*. 2013. [Epub ahead of print]
12. Mathew L, Talbot K, Love S, et al. Treatment of vasculitic peripheral neuropathy: a retrospective analysis of outcome. *QJM*. 2007;100:41-51.
13. Misra UK, Kalita J, Nair PP. Diagnostic approach to peripheral neuropathy. *Ann Indian Acad Neurol*. 2008;11:89-97.
14. Sampaio L, Silva LG, Terroso G, et al. Vasculitic neuropathy. *Acta Reumatol Port*. 2011; 36:102-109.