**Introduction**

Antineutrophil cytoplasmic antibodies (ANCA) associated vasculitis, although a rare disease entity; is one of most common causes of new onset glomerulonephritis in adults. The condition is an auto immune disease which is characterised by an inflammatory response within the mural vessels of multiple organs leading to extensive inflammation, damage and necrosis. The response produces ANCA autoantibodies against myeloperoxidase (MPO-ANCA) or proteinase-3 (PR3- ANCA).

The presentation could be marked, varied and requires prompt identification and treatment for optimal patient and renal outcomes.

Following is a description of case report series for patients presenting with GI symptoms which was missed as presentation of systemic vasculitis leading to delay in diagnosis and management.

**Case Description**

1) A 40yrs old patient of Chinese origin, presented through emergency department with > 3 weeks history of diarrheal illness and acute kidney injury (AKI).

2) A 50 yrs. patient of Bangladeshi origin had 3 months history of recurrent admissions (3 in total) to medical admissions unit with history of abdominal pain, diarrhea and weight loss.

3) A Caucasian patient in mid-60's admitted to gastroenterology ward with abdominal pain and per rectal bleeding (PR). AKI noted, fluids given and discharged as gastroenteritis.

4) A Caucasian elderly patient with preceding symptoms of malaise, weight-loss, presented with per rectal (PR) bleeding to the general surgeons with AKI.

**Results**

Initial presentation and symptoms prompted acute medical and surgical teams to focus entirely on the causes of diarrhea, pre-renal causes of AKI and investigations which followed included stool culture and sensitivity, flexible sigmoidoscopy and colonoscopy.

In three of the above cases, AKI improved with hydration, empirical antibiotic and stopping the medications with nephrotoxic potential but never recovered back to baseline.

In one cases, the renal impairment was mild (stage 1 AKI) however never recovered to baseline.

Due to persistent renal impairment on recurrent admissions, nephrology consult was sought where multisystem involvement of ANCA associated vasculitis was diagnosed with immunology results and renal biopsy.

**Take Home Message/Conclusions**

The diagnosis of ANCA associated vasculitides is complicated by marked difference in symptoms, signs, disease activity, chronicity and severity of the disease. Nonspecific symptoms of general fatigue, malaise, weight loss, ENT symptoms, pulmonary symptoms and renal impairment are neither sensitive nor specific history to the disease process. However diarrheal illness is although not uncommon; may completely distract health professionals, and instead lead them to focus on

gastrointestinal causes of diarrhea especially inflammatory bowel disease, cancerous lesions and may result in delay in diagnosis and treating vasculitis.