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Renal and cutaneous ANCA positive vasculitis: be aware to illicit cocaine-levamisole use even though the patient deny

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**Introduction:** Adulterated cocaine with levamisole in different concentrations has been increasingly used during the last decades. Levamisole can cause skin lesions, intravascular thrombosis, neutropenia, and crescentic nephritis. Physician awareness is essential for ensuring a proper diagnosis, because patients usually deny the use of illicit drugs.

**Methods:** We describe a series of five patients with anti-neutrophil cytoplasmic antibody (ANCA) positive vasculitis induced by levamisole-adulterated cocaine with renal and/or skin manifestations, which were prospectively followed at a single hospital. Demographics and clinical characteristics are presented.

**Results:** Urine toxicology was all positive for cocaine and levamisole, tested by immunochromatography and gas chromatography-mass spectrometry. Three patients brought a sample of the cocaine powder (1 g), in which the presence of cocaine and levamisole was confirmed (levamisole: 32%, 1,2% and 0,5% in each powder). Clinical data are presented below.

	Female, 46y	Male, 48y	Male, 48y	Male, 50y	Female, 22y
Renal manifestations	None Creatinine (Cr): 0,8 mg/dL Urine protein/creatinine (UPC): 0,01	UPC: 6,6 Cr: 8,6 mg/dL Dialysis dependent  Renal biopsy (R-Bx): pauci-immune crescentic glomerulonephritis	UPC: 0,66 Cr: 2,7 mg/dL  R-Bx: pauci-immune crescentic glomerulonephritis	UPC: 0,97 Cr 4,8 mg/dL  R-Bx: pauci-immune crescentic glomerulonephritis	UPC: 1,8 Cr 3,4 mg/dL  R-Bx: pauci-immune crescentic glomerulonephritis
Skin manifestations	Retiform purpura  Skin biopsy (S-Bx): leukocytoclastic vasculitis	Retiform purpura  S-Bx: neutrophilic vasculitis of small vessels	None	Retiform purpura Focal necrosis in ear lobes  S-Bx: leukocytoclastic vasculitis	Retiform purpura
Serology markers	pANCA >1/320	pANCA 1/320	pANCA >1/320	pANCA >1/320 Anti-MPO and anti-PR3 positive	pANCA >1/320
Treatment	Oral prednisone	Corticosteroids Cyclophosphamide Plasmapheresis	Corticosteroids Cyclophosphamide	Corticosteroids Cyclophosphamide	Corticosteroids Cyclophosphamide
Outcome	Death (sepsis)	ESRD: chronic hemodialysis No skin lesions	Cr: 1,2 mg/dL	Cr: 1,5 mg/dL No skin lesions	Cr: 0,9 mg/dL

ANCA: anti-neutrophil cytoplasmic antibody; MPO: myeloperoxidase; PR3: proteinase 3; ESRD: end-stage kidney disease

**Conclusion:** Cocaine/levamisole-induced vasculitis should be suspected in patients with renal and skin lesions, even when illicit drug use is denied. A urine drug toxicology screen is necessary to confirm the diagnosis and must be done during follow-up to ascertain drug abstinence. This condition can be associated with poor outcomes, such as ESRD and death.