Disclosure of Interest: None declared


AB0690 DIAGNOSTIC VALUES OF ENDOTHELIN-1 IN PATIENTS WITH SYSTEMIC NECROTIZING VASCULITIS

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Background: Systemic necrotizing vasculitis (SNV) is characterised by destructive and inflammatory changes in the vessels. Binding of autoantibodies and immune complexes on the surface of endothelial cells stimulates the synthesis of endothelin-1 (ET-1), which leads to activation of macrophages and adhesion of neutrophils, remodelling of the vascular wall and its damage. Objectives: To evaluate the serum level of ET-1 in patients with SNV and the possibility of its using for the diagnosis of SNV and involvement of individual organs.

Methods: The study included 36 patients with SNV (polyarthritis nodosa – 8, AAV – 24 associated vasculitis – 28) and healthy controls (n=28). Clinical characteristics of patients were calculated according to the Birmingham Vasculitis Activity Score (BVAS). All patients had active disease (BVAS >11). The serum levels of ET-1 (pmol/L) were determined by immunoassay analysis using the kits of Biomedica. The outcomes of this study were the differences in marker levels between patients with active SNV and healthy controls, patients with different forms of vasculitis, with varying degrees of BVAS activity, with involvement different organs and systems estimated by analysis of the absolute changes in marker levels and the areas under receiver operating characteristic (ROC) curves (AUC).

Results: The level of ET-1 (Mx) in the general group of patients with SNV was 0.31±0.24 and did not differ significantly from the control group (0.27±0.10, p=0.05). At the same time, in patients who did not receive at screening glucocorticosteroids and it was significantly elevated (0.62±0.58, p=0.03). However, ROC analysis indicated the moderate sensitivity (67%) and the low specificity (48%) of ET-1 for diagnosis of SNV. There were no significant differences in the levels of ET-1 between patients with different forms of vasculitis, with varying degrees of BVAS activity. In the analysis of the values of the ET-1 depending on the involvement of different organs and systems, it was found that only in patients with kidney involvement (n=15) its level (0.40±0.33) was significantly higher compared with patients without kidney involvement (0.28±0.22, p=0.04) and control group (p=0.01). ROC analysis showed that the AUC for ET-1 is 0.75±0.10 (p=0.004), which indicates acceptable capacity for ET-1 differentiate groups of patients with kidney involvement and patients without kidney involvement (sensitivity – 80.0%, specificity – 78.3%).

Conclusions: The serum levels of ET-1 were elevated in patients with SNV with kidney involvement (48% compared to healthy controls and 43% compared with patients without kidney involvement), which can be used for diagnostic purposes.

Disclosure of Interest: None declared


AB0691 INTESTINAL LUNG DISEASE AND MYOSCOPIC POLYANGIITIS IN CHILEAN PATIENTS


Background: Microscopic Polyangiitis (MPA) is an ANCA associated vasculitis (AAV), associated with p-ANCA (perinuclear) fluorescence pattern and anti-myeloperoxidase (MPO) specificity. Most frequently involved organs are kidney (80%–100%), peripheral nervous system and skin (30%). There is Pulmonary involvement in 25%–35% of patients, being alveolar haemorrhage frequently described. Interstitial lung disease (ILD) has also been recognised.

Objectives: The aim of our study is to report the characteristics of MPA Chilean patients with ILD and to compare it with other series.

Methods: Retrospective study. Patient diagnosed between 2007 and 2016 at the Hospital Clínico Universidad de Chile, with ILD, defined as interstitial lung disease on CT scan with Usual Interstitial Pneumonia (UIP) or Non Specific Interstitial Pneumonia (NSIP) pattern, and MPA were included. Demographic, clinical, laboratory and mortality data were plotted. Data from other series were compared with our results. Other causes that could explain the pulmonary involvement were excluded.

Results: From 94 patients with AVV, 36% were MPA, being 16 patients with ILD. All were Hispanic, median age 65.3 years, 32–44 female 62.5% (table 1). Common manifestations were constitutional symptoms (100%), weight loss (88.7%) and fever (86.7%). All patients had anaemia, high ESR (mean 84 mm/hr. range 33–120) and CRP (8–22 times above upper normal limit). All patients were ANCA- and MPO positive. In 10 cases ILD was diagnosed concomitantly with MPA and in 6 was 0.5 to 15 years before. 4 patients developed pulmonary haemorrhage. Images patterns were 10 UIP and 5 NSIP. All patients received corticosteroid as induction therapy, 1 also received cyclophosphamide. One patient plasmapheresis, and one received Rituximab after a relapsed. Azathioprine was used as