Methods: A cross-sectional study was performed in 288 LAPR based on online survey about csLE practices, which included 21 countries. All physicians are members of Pan-American League of Associations for Rheumatology (PANLAR).

Results: The response rate of web-based survey by LAPR was 170/288 (59%) and the majority worked in University Hospitals (63%). The ACR and/or SLICC classification criteria (99%) and disease activity tools (97%) were almost universally used by LAPR, whereas damage index (70%) and CHAQ (58%) instruments were less frequently used. Laboratory exams, diagnostic imaging and biopsies were generally available (>75%), however low availability for densitometry (86%). Drug access was excellent for the most common prescribed medications (>75%), except for belimumab (11%). Endemic illnesses were reported by LAPR in at least one 1 csLE patient during the previous year: tuberculosis (16%) and Hansen disease (2%). Emerging mosquito-borne diseases were also reported: dengue (20%), Chikungunya (11%) and Zika (8%). Groups were further divided in two, according to the number of csLE patients followed by LAPR in the last year: group A (≥25 patients) and group B (<25 patients). Frequencies of condom in combination with other contraceptive methods were significantly higher in group A than B (69% vs. 48%, p=0.01). The frequencies of reported pregnancy (50% vs. 16%, p<0.001) and non-adherence to therapy were significantly higher in group A (100% vs. 93%, p=0.023). Alcohol intake (42% vs. 21%, p=0.004) and illicit drug use (19% vs. 5%, p=0.007) were also reported more frequently by LAPR of group A in at least one csLE patient.

Conclusions: This first large web-based survey demonstrated an overall excellent access for diagnosis and therapy by LAPR, probably related to their high rate of practices in tertiary care of University Hospitals. Adherence to therapy, pregnancy and substance abuse were identified as major challenges in this population, one of the largest csLE communities.

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AB1102 KAWASAKI DISEASE AND GIANT ANEURYSM IN MEXICAN CHILDREN: EVOLUTION AND CLINICAL CHARACTERISTICS: A 5-YEAR EXPERIENCE

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Background: Kawasaki disease (KD) is an acute, self-limited, systemic vasculitis, predominantly involving medium-sized arteries. It mainly affects children younger than five years and it is the leading cause of acquired heart disease in children in developed countries. Of unknown pathogenesis, KD severe complication is the occurrence of coronary artery lesions. Without early treatment, there is a 15% to 25% incidence of coronary artery lesions. Management with intravenous immunoglobulin (IVIG), combined with aspirin, effectively decrease the incidence of these lesions to a 4%. The long-term prognosis is determined by the initial and current level of coronary artery involvement. Methods to predict which children are at higher risk for coronary aneurysms have been sought to determine prognosis and select patients for more rigorous treatment and follow-up.

Objectives: To describe the clinical presentation and evolution in addition to laboratory findings in Mexican paediatric population who developed giant aneurysms diagnosed with KD during the past 5 years. By identifying major risk factors in our population, an effective score could be used to select children for evaluation of additional therapies to prevent coronary artery aneurysms that occur despite treatment with IVIG.

Methods: Retrospective cohort study of the Children’s Hospital of Mexico Federico Gomez, last 5 years. We reviewed the data form the clinical archives of the patients who developed giant aneurysms after the diagnosis of KD from 2011 to 2016. A total of 84 patients with KD, 7% developed giant aneurysms. The variables analysed, apart from the typical clinical and laboratory findings of KD, include size and Z score of the aneurysms, involvement through follow up, cardiac morbidity and mortality, and treatment strategy.

Results: Results: The mean age of patients at diagnostic was 17 months, and 84% were males. Only 33% of the patients developed complete KD, while 66% were diagnosed as incomplete. All patients presented with a positive Harada score. IVIG was administer in 83% of the patients, and a second dose was needed in 33%. Infliximab was used in 33% of the patients. One patient died due to cardio-genic shock. Results from echocardiography in the follow-up show that 33% of the patients have evolved to even larger aneurysms and 50% present no changes. Of the patients with a longer follow-up, 4 years after diagnostic, 33% have developed arrhythmias and 16% myocardial infarction. All are at high risk of sudden death.

Conclusions: The late diagnosis is the characteristic present in all patients which developed giant aneurysms, making imperative to identify clinical and laboratory findings that will help identify KD in Mexican paediatric population to avoid cardiac complications.

REFERENCE:

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