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DIFFUSE ALVEOLAR HAEMORRHAGE IN ANCA-ASSOCIATED VASCULITIS: CAN WE PREDICT OUTCOME? AN ITALIAN MULTICENTRE RETROSPECTIVE LONG-TERM STUDY OF 102 PATIENTS

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Background: Diffuse alveolar haemorrhage (DAH) is a rare and severe manifestation of ANCA-associated vasculitides (AAV).

Methods: To identify predictors of survival in patients with AAV-DAH.

Results: A retrospective study of 102 consecutive patients (50% females; mean age 59±17 years) from 27 Italian Centres diagnosed with AAV-DAH was planned. Cox regression analysis was used to assess predictors of mortality. A total of 102 patients were included in the study.

Conclusions: Older age, VS, CVRF and infections affect the survival in AAV. There is a need for specific outcome measures.

Disclosure of Interest: None declared


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VALIDATION OF THE PROGNOSTIC VALUE OF THE HISTOPATHOLOGICAL CLASSIFICATION OF ANCA-ASSOCIATED GLOMERULONEPHRITIS: A META-ANALYSIS

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Background: In 2010, a histopathological classification of antineutrophil cytoplasmic autoantibody (ANCA)-associated glomerulonephritis (AAGN) was proposed by an international consortium of renal pathologists and nephrologists. It comprises four biopsy classes: focal, crescentic, mixed and sclerotic, the order of which is shown in the initial publication, to correspond to increasing severity of renal impairment during follow-up.

Objectives: The aim of this meta-analysis was to evaluate the prognostic value of the phenotypical classes by means of validation studies that have been published since.

Methods: A literature search was performed using Web of Science, Google Scholar, PubMed and Embase in March 2017, selecting studies that associated histopathological class to renal outcome in adult patients with AAGN. The risk of developing end-stage renal disease (ESRD) during follow-up was compared between classes using a meta-analysis with random effects model. Weighted relative risks (RR) with 95% confidence intervals (95% CI) were reported.

Results: Nineteen studies were included with a total of 2408 patients. Using sclerotic class as a reference category, ESRD risk was lower in the crescentic class (RR 0.53, 95% CI 0.43–0.64); RR in focal was lower than in crescentic class (RR 0.27 95% CI 0.20–0.37); RR in crescentic compared to mixed class was 1.18 (95% CI 0.95–1.45); RR in focal compared to mixed class was 0.34 (95% CI 0.25–0.47).

Conclusions: Our meta-analysis shows that the risk for developing ESRD increased with more severe histopathological lesions. We found no difference between the crescentic and mixed classes, pointing towards a comparable risk profile with regard to ESRD. We are currently performing an individual patient data meta-analysis, as this technique is better equipped to deal with study heterogeneity. For the moment, this meta-analysis confirms the use of the histopathological classification system as a predictor of renal outcome in the prognostication of patients with AAGN.

REFERENCE:


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