OBJECTIVES: To estimate the frequency and characteristics of renal involvement and causes of death in RA patients on the basis of autopsy data reports and postmortem microscopic examinations.

METHODS: We have analyzed 21,814 autopsy data reports performed during 10-year period (2001-2010) and 6,720 cases of autopsy performed 5 years later (2016-2018) in the Minsk City Clinical Pathological-anatomical Bureau (The Republic of Belarus).

RESULTS: For the period 2001-2010 autopsies were performed in 110 RA patients: 91 women and 19 men of 67.0 (13.1) years old, M (SD). Renal involvement was revealed in 75 patients (68.2%). The most common type of renal involvement was secondary AA amyloidosis - 44 patients (40%). Other types of revealed renal lesions (n=31, 28.2%) were mesangial proliferative glomerulonephritis (n=3; 2.7%), nephroangiosclerosis (n=14, 12.8%), tubulointerstitial nephritis (n=2, 1.8%), chronic pyelonephritis (n=10, 9.1%) and renal vessel vasculitis (n=2, 1.8%). The main cause of death in RA patients with amyloidosis was end-stage renal disease (ESRD) 43.2% whereas in other patients the common causes of death were cardiovascular events (43.2%) and secondary infections (33.3%). In case of secondary amyloidosis the deposits of amyloid were found in kidney of all RA patients (100%), in adrenal glands – in 36.4% and in spleen – in 34.1% of RA patients. Amyloid deposits in other internal organs were not nearly as common.

In 2016-2018 50 patients with RA have been autopsied with mean age of death 72.0 (15.2) years old. Renal involvement was revealed in 34 (68.0%) of autopsies: as secondary amyloidosis in 29 patients (58.0%) and as focal segmental glomerulosclerosis or mesangial proliferative glomerulonephritis in 5 patients (10.0%). The most common cause of death in this group of RA patients were cardiovascular events (58.0%), fatal infectious complications developed in 16.0% of patients, ESRD was revealed only in 4.0% of patients. Conclusion: 1. We have revealed an increase in secondary amyloidosis frequency in RA patients over the studied period of time from 40% to 58% (p=0.041, Fisher’s exact test) while ESRD as a cause of death in RA patients decreased from 17.3% to 4% (p=0.023, Fisher’s exact test).

2. Secondary amyloidosis is the most common type of renal involvement in RA according to the autopsy data.

REFERENCES


Disclosure of Interests: None declared


DIFFERENCE BETWEEN PATIENT’S GLOBAL HEALTH AND PATIENT’S GLOBAL ASSESSMENT OF DISEASE ACTIVITY, AND DIFFERENT FACTORS INFLUENCE ON THESE SCALES IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Evaluation of rheumatoid arthritis (RA) activity is crucial measurement in achieving remission or low disease activity. Visual analogue scale (VAS) by patient’s evaluation has been used for the outcome measure for RA patients because of its feasibility, reliability, sensitivity to change, and it directly reflects the patient’s overall perspective. Patient’s evaluation is a component of multiple composite indices used in assessing RA activity and treatment response. There are two measurements that patient’s evaluation. One is patient’s global assessment of disease activity (PtGA), and the other is patient’s assessment of global health (PtGH)3). PtGA was originally developed as a component of American College of Rheumatology Core Set and used for Simplified Disease Activity Index (SDAI) and Clinical Disease Activity Index (CDAI); while PtGH was originally developed as a component of 28-Joint Disease Activity Score (DAS28). PtGA and PtGH have been considered equivalent in a

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Disclosure of Interests: Fausto Salaffi Grant/research support from: Abbvie, Roche, Novartis, BMS, Pfizer, Sanofi, Speakers bureau: Abbvie, Roche, Novartis, Pfizer, Sanofi, BMS, Sanofi farah: None declared. Marco Di Carlo: None declared, giacomo bec: None declared, marina carotti Speakers bureau: abbbie pfizer novartis roche bms sanofi