How Often Is the Combination of NSAID-Induced Lesions of the Upper and Lower GI Tract?

Anna Balabarteve, Andrey Karateev, V. A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Non-steroidal anti-inflammatory drugs (NSAIDs) can damage all parts of the gastrointestinal tract (GIT). However, the frequency of the combination of lesions in different parts of the gastrointestinal tract has not been studied.

Objectives: To assess the frequency of the combination of NSAID-induced lesions of the upper GI tract, small and large intestine.

Methods: The study group consisted of 112 patients with rheumatic diseases (62.5% of women, 56.2 + 14.6 years), who regularly took NSAIDs. All patients underwent endoscopy of the upper GI tract and colon. Capsule endoscopy was performed in 35 patients with signs of NSAID-gastrocolopathy.

Results: NSAID-gastroopathy (erosions and/or gastric or duodenal ulcers) were detected in 43.8%, NSAID enteropathy (hemorrhages, erosions and ulcers of the small intestine) in 68.6%, NSAID-colopathy (hemorrhages, erosions and ulcers of the colon) - 14.3% patients. The combination of NSAID-gastro- and colopathy was detected in 28.6% of patients (odds ratio 12.2, 95% CI 2.61-56.84), the combination of NSAID-gastro-, entero- and colonopathy - in 10 patients (20.4% of the number of patients with NSAID-gastro-colopathy). There was a significant risk association for the development of NSAID-induced lesions in all parts of the GI tract with a diagnosis of spondyloarthropathy, the presence of abdominal pain, small intestine bacterial overgrowth, as well as in the polymorphism of the CYP2C19 gene (CYP2C19 *17 *1, 2 *17 allele).

Conclusion: The combined NSAID-induced damage of various parts of the GI tract is a frequent and serious pathology requiring complex diagnostics and the combined use of prophylactic agents with a different mechanism of action.

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Complications of Rheumatoid Arthritis and Allied Disorders—A Statistical Comorbidity Study of 234 Autopsy Patients

Miklós Bély1, Ágnes Apáthy2.1Hospital of the Order of the Brothers Saint John of God in Budapest, Department of Pathology, Budapest, Hungary; 2St. Margaret Clinic, Budapest, Department of Rheumatology, Budapest, Hungary

Background: Complications of rheumatoid arthritis (RA) may modify the clinical course and symptoms of allied disorders leading to missed diagnosis or late recognition of associated diseases.

Objectives: The aim of this study was to determine the possible role of classic complications of RA: systemic autoimmune vasculitis (AV), AA amyloidosis (AAa), lethal cardiac insufficiency (CI) caused by endo-, myo- or pancarditis, furthermore lethal septic infection (SI) on prevalence and mortality of coexistent associated diseases: atherosclerosis (Ath), hypertension (HT), type 2 diabetes mellitus (DM) and tuberculosis (Tb) with mililiary dissemination (mTb).

Methods: 234 non-selected autopsy patients with RA were studied. RA was confirmed clinically according to the criteria of the ARA.

The presence of AV, AAa, CI and SI was determined at autopsy and confirmed by a detailed review of extensive histological material. The prevalence and mortality of associated diseases Ath, HT, DM, Tb or mTb were analyzed retrospectively, reviewing the clinical and pathological reports.

The link between AV, AAa, CI or SI and Ath, HT, DM, Tb or mTb was analyzed by χ² test. Results: RA was complicated by AV in 43 (18.4%), by AAa in 48 (20.5%), by CI with lethal outcome in 15 (6.4%), and by lethal SI in 33 (14.1%) of 234 patients.

RA associated with severe Ath in 106 (45.3%), with HT in 41 (17.5%), with DM in 41 (17.5%), and with Tb in 28 (11.9%), with active mTb in 9 (3.8%) of 234 patients. As a basic disease Ath led to death in 61 (26.1%) of 106, HT in 2 (0.9%) of 41, DM in none (0%) of 41, and Tb with mTb in 3 (1.3%) of 26 of 234 patients. Tb without mililiary dissemination was not lethal in our patient population.

The statistical links (p values of significance) between complications of RA and prevalence or mortality of allied disorders are summarized in Table.

Table

Complications of RA

<table>
<thead>
<tr>
<th>AV n=43 of 234</th>
<th>AAa n=48 of 234</th>
<th>CI n=15 of 234</th>
<th>SI n=13 of 234</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ath n=106</td>
<td>Ath n=61</td>
<td>Ath n=41</td>
<td>Ath n=21</td>
</tr>
<tr>
<td>HT n=41</td>
<td>DM n=28</td>
<td>Tb n=9</td>
<td>Tb n=3</td>
</tr>
<tr>
<td>χ²=5.90*</td>
<td>χ²=0.39</td>
<td>χ²=0.02*</td>
<td>χ²=0.41</td>
</tr>
</tbody>
</table>

Conclusion: The inverse correlations between AV, AAa, CI, and SI and Ath, HT, DM, Tb or mTb indicate that the prevalence and mortality of allied disorders were not influenced basically by the complications of RA.

The consequently inverse and (in most cases) significant correlations between prevalence of AV, AAa, CI, and SI and the prevalence and mortality of Ath show that these are independent entities in RA. AV, AAa, CI, and SI are the most important complications of RA, and are characterize severe forms of disease, mostly involving younger patients, with an earlier onset (without pronounced Ath); while Ath is basically an age dependent phenomenon, characteristically present in RA patients with advanced age. RA patients with Ath may represent a special group of RA, characterized by lower incidence of AV, AAa, CI, or SI, and a better prognosis.

The positive and significant relations AV to Tb or mTb suggest an increased risk of Tb, e.g. the presence of AV may promote Tb or endogenous exacerbation and mililiary dissemination of Tb.

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Complications of Rheumatoid Arthritis and Allied Disorders—A Statistical Comorbidity Study of 234 Autopsy Patients

Hédia Ben Abi, Sonia Rekkis, Samia Jammal, Sounaya Boussaid, Hela Sahli, Ethem Cheour, Mohamed Elleuch. la rabta, tunis, Tunisia

Background: The occurrence of coxitis in chronic inflammatory rheumatism is a prognostic factor of great importance given the functional repercussions of the involvement of the coxofemoral joint.

Objectives: The aim of this work is to evaluate the prevalence of this lesion in chronic inflammatory rheumatism (PR/JIA/SpA) and to describe the evolution of this disorder according to the pathology.

Methods: Eighty-two patients were distributed as follows: 36.6% (n = 4) of patients had coxitis, of which 23.8% (n = 7) of patients had coxitis, of which 43.8% (n = 17) of patients had coxitis, of which 54.7% (n = 5) of patients had coxitis, of which 63.8% (n = 5) of patients had coxitis, of which 71.6% (n = 5) of patients had coxitis, of which 80.9% (n = 5) of patients had coxitis, of which 87.9% (n = 4) of patients had coxitis, of which 92.9% (n = 3) of patients had coxitis, of which 95.3% (n = 2) of patients had coxitis, of which 97.9% (n = 1) of patients had coxitis, of which 99.9% (n = 1) of patients had coxitis.

Conclusion: SpA is the most common chronic inflammatory rheumatism with coxo-femoral involvement with the most pejorative evolution despite the biological treatment.