DIAGNOSIS OF CEREBRAL VASCULITIS
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Among all forms of vasculitis, perhaps that affecting the CNS (CNS-V) poses the greatest challenge in diagnosis given the lack of any non invasive high specificity test, the complex and extensive list of mimicking conditions, its inaccessibility for biopsy and its genuine rarity. The diagnosis still requires the presence of an unexplained neurologic sign or symptom(s) following an exhaustive evaluation, evidence of vascular involvement (by direct or indirect angiography) or biopsy and most importantly the meticulous exclusion of all those conditions capable of producing mimicking clinical, radiographic or histologic findings that would confound accurate diagnosis. Despite these challenges CNS-V has been increasingly reported due to a combination of increased diagnostic awareness and advances in diagnostics. Two of these major advances will be discussed including the use of direct vascular wall imaging to differentiate vascular inflammation from spasm or atherosclerosis and the use of next generations sequencing to identify infectious etiologies and obviate the use of biopsy. Clinical examples will be presented.

REFERENCES:

THURSDAY, 13 JUNE 2019
15:30:00 – 17:00:00
How to manage and treat childhood onset lupus? A multidisciplinary point of view

How to manage and treat childhood onset lupus? A multidisciplinary point of view

Eve Smith, Alder Hey Children’s NHS Foundation Trust, Paediatric Rheumatology, Liverpool, United Kingdom

Background: In the series of talks ‘How to manage and treat childhood onset lupus? A multidisciplinary point of view’ the first talk focuses on achievement of the initial diagnosis of Lupus within the childhood period, including some potential pitfalls and how these can be avoided. Initial and ongoing treatment within the childhood period, alongside paediatric specific therapeutic considerations will be discussed. The role of the multidisciplinary team of doctors, nurses, physiotherapists, occupational therapists, psychologists and social workers will be highlighted. The impact of the diagnosis on the child, family, education and social activities will also be described. This talk will be followed by a subsequent talks following the patient through transition and into adulthood.

Disclosure of Interests: None declared

CARE PRESENTER: CHILDHOOD ONSET OF NEUROLUPUS

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Background: Pediatric-onset systemic lupus (pSLE) is a severe multisystem autoimmune condition which mostly manifests after the age of 10 years. It is mainly a polygenic disorder, but a mutation in a single gene may predispose to the development of SLE (‘monogenic lupus’). We will describe some unusual presentations which may lead to a delayed diagnosis or misdiagnosis and provide clues for the diagnosis of monogenic lupus.

Objectives: To discuss the difficult diagnosis and pitfalls in pSLE.

Results: The most common initial manifestations of pSLE are cutaneous, musculoskeletal, renal, hematologic, and fever. However, atypical symptoms may reveal the diagnosis or occur during the course of SLE. In a French retrospective study1, thirty-two percent of children had atypical symptoms, mainly including abdominal involvement in 26 patients, which lead to negative laparotomy for presumed appendicitis before the diagnosis of SLE could be established. Abdominal pain, related to lupus peritoneal disease, renal failure and pericarditis was systematically searched for in a teenager who presents with unexplained mood disorders, psychosis or depression, which may reveal SLE. In a patient