PERSISTENCE OF CIRCULATING CRYOGLOBULINS AND RELATED SYMPTOMS AFTER HEPATITIS C VIRUS ERADICATION WITH MIXED CRYOGLOBULIN SYNDROME

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Background: The powerful drugs with direct antiviral action (DAA) against hepatitis C virus (HCV) has made it possible to eliminate the trigger factor of Mixed Cryoglobulin Syndrome (MCS) and to extend the treatment to patients who could not tolerate IFN-based antiviral regimens. However, the persistence of cryoglobulin production and MCS-related symptoms despite SVR achievement is frequently reported.

Objectives: The aim of this study was to assess the persistency rate of MCS-related clinical and laboratory indexes after successful treatment with DAA.

Methods: CRESO (Cryoglobulinemia Eradication Study Observational) is a multicentre observational study promoted by the Italian Society of Infectious and Tropical Diseases (SIMIT) and the Italian Group for the Study of Cryoglobulinaemias (GISC), aimed to assess the impact of DAA therapy on MCS symptoms and cryoglobulin production. Patients could be entered if declared during the 12 months before the enrolment, the cryocrit >0.5% and, at least, one episode of palpable purpura or, alternatively, arthralgia and fatigue with at least one symptom among peripheral neuropathy, Raynaud’s phenomenon, lower limb ulcers or nephropathy, and a C4 level >8 mg/dL.

Results: The present analysis was based on clinical and laboratory data of 124 patients (75.5% female with a median age of 67.4 years) who have been followed up for a median time of 24 weeks (IQR 12-24) after SVR12 achievement. At baseline the cryocrit was frankly positive in 85 (90.43%), detectable (>0.5%) in 4 and negative in 4 cases; patients with type II cryoglobulins and C4 levels ≥8 mg/dL were prevalent, respectively with 81.5% and 75.9%. Low eGFR values (≤45 mL/min/1.73m2) were present in 12 cases (12.8%), 10 patients (10.6%) had a history of B-cell non-Hodgkin’s lymphoma (NHL), and 1 of hepatocellular carcinoma, while liver cirrhosis was diagnosed in 22 cases (23.4%) and glomerulonephritis in 17 cases (18.1%). Patients were treated for 12 (72 cases) or 24 (21 cases) weeks with a total of different IFN-free DAA regimens. SVR12 was achieved in all 94 cases. Both prevalence and median cryocrit values decreased significantly after DAA treatment ($p<0.001$), however, at the time of the last observation 56.4% of patients were still positive for MCS. The prevalence of purpura and fatigue significantly decreased ($p<0.001$) as well sicca syndrome prevalence ($p<0.015$), while arthralgia and lower limb ulcers decrease did not reach statistical significance. In multivariate analysis, eGFR≤45 mL/min/1.73m2 was an independent predictive factor of cryoglobulin production (AOR 7.7, CI 95% 1.6-37.2; $p=0.011$).

Conclusion: CRESO study data confirm the persistence of cryoglobulin production and MCS symptoms in some patients, despite the eradication of HCV. This finding raises questions about the possible further evolution of the disease over time regardless the persistency of its original trigger.

Disclosure of Interests: None declared.


DISEASE AND TREATMENT-RELATED MORBIDITY IN YOUNG AND ELDERLY PATIENTS WITH ANCA-ASSOCIATED VASCULITIS

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Background: Advancing age may be a risk factor for morbidity in anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis.

Methods: All new cases of granulomatosis with polyangitis or microscopic polyangiitis diagnosed between 2000 and 2016 in three referral centers in Northern Italy were included. Patients were stratified by age into young and elderly (</> 65 years old). Data were collected from time of diagnosis until end of follow-up, with scheduled annual visits or additional visits in case of relapse or complication requiring hospitalization.

Results: Of 141 patients included, 99 were young and 42 elderly at the time of AAV diagnosis. Median follow-up was 58.0 months (25-75% IQR, 30.1-60.0) in young and 48.0 months (25-75% IQR, 23.25-60.0) in elderly patients ($p<0.05$).

Overall, total chronic damage assessed by Vasculitis Damage Index (VDI) significantly increased in elderly patients compared to young ones during follow-up ($p<0.05$). Although rates of the most common complications scored in the VDI (i.e. arterial hypertension, heart failure, ischemic cardiovascular complications, diabetes, and malignancy) accumulated over time when analyzed singularly, no difference between the two age groups was observed ($p>0.05$). Sixty-three (44.7%) patients had acute kidney injury due to AAV-glomerulonephritis at diagnosis, 37 were young and 26 were elderly. In these patients, renal function recovery in the first 6 months was significantly lower for elderly (median sGFR (25-75% IQR), 5.3 (0.4-14) mL/min/1.73m2 compared to young patients (22.8 (5-92.1) mL/min/1.73m2, $p=0.008$) while on induction treatment. Stratification for...