USE OF INTRAVENOUS IMMUNOGLOBULIN THERAPY IN PATIENTS WITH SYSTEMIC SCLEROSIS: A SPANISH MULTICENTER EXPERIENCE

José Luis TANDAIPAN JAIME, Alfredo Guillén del Castillo, Carmen Pilar Siméon-Aznar, Patricia Carreira, J. Navravé, Jose M. Pego-Reigosa, Rosario Garcia de Vicuna, Anna Pros, Carlos De la Puente Bujidos, Vera Ortíz-Santamaria, Belén Atienza-Mateo, J. Lluç Pons, Manuel Rubio-Rivas, Ricardo Blanco, Ivan Castellví, Rheumatology, Vigo, Spain; Hospital Universitari Mutua de Terrassa, Rheumatology, Terrassa, Spain; Hospital Universitari Vall d’Hebron, Unit of Autoimmune Diseases, Department of Internal Medicine, Barcelona, Spain; Hospital Universitari 12 de Octubre, Rheumatology, Madrid, Spain; Hospital Universitari Bellvitge, Rheumatology, Barcelona, Spain; Hospital Muxixiero, Rheumatology, Vigo, Spain; Hospital Universitario DE LA PRINCESA, Rheumatology, Madrid, Spain; Hospital Universitario Ramón y Cajal, Rheumatology, Madrid, Spain; Granoñers General Hospital, Rheumatology, Granoñers, Spain; H. Marques de Valdecilla, Rheumatology, Santander, Spain; Hospital Universitari Bellvitge, Unit of Autoimmune Diseases, Barcelona, Spain; Hospital Universitario de la Santa Creu i Sant Pau, Rheumatology, Barcelona, Spain

Objectives: To describe the efficacy of intravenous immunoglobulin (IVIG) therapy in different organic conditions of Systemic Sclerosis (SSc).

Methods: Retrospective multicenter observational study that enrolled patients with SSc treated with IVIG. We collected epidemiological data, SSc complications, treatments and functional tests. Regarding IVIG treatment we recorded the reason to use, number of cycles, and the clinical efficacy at the end of the last IVIG cycle were collected at investigator’s discretion. For the comparison of variables, the Chi-square, Fisher’s F test and the T test was used.

Results: 41 patients (83% women) were recruited, with a mean age of 58 ± 18.2 years old. The age of diagnosis was 48 ± 8 years old. The diffuse cutaneous SSc was the most frequent in the sample (61%) and 24/41 had Overlap syndrome (49% myositis). Regarding the different SSc complications in treated patients the most frequent were digestive involvement, arthritis and intestinal inflammation (78%, 73%, and 63% respectively). 12% of patients developed cancer and 25% died during the follow-up. The most frequent indication IVIG was myositis (51%) followed by cutaneous (17%). The mean of cycles was 10. 30% of patients had previously undergone treatment with biological therapy, being RTX the most used therapy. 80% of patients had a history of use with corticosterone. When evaluating the degree of skin involvement (mRSS) patients showed a significant improvement of -2.89 ± 5.2(p <0.03) at the end of the follow-up. Indeed we observed better results in the groups of patients with myositis. No differences were observed in the% FVC or% DLCO outcomes during the follow-up. However, when we compared patients with or without overlap syndrome we found differences in%FVC values at the beginning of the study that were not present at the end of the follow-up. Patients with antiSSc70 seemed to have less response to IVIG therapy.

Conclusion: Our results suggest that IVIG can be useful for the management of some conditions in specific profiles of patients with SSc.
mineral content (BMC), and bone mineral density (BMD) in seven body areas (head, upper limbs, lower limbs, trunk, ribs, pelvis). Sarcopenia was diagnosed in patients with reduced skeletal muscle mass (RSM) below 5.45 Kg/m² for females and 7.25 Kg/m² for males (6). Statistical analysis was performed by non-parametric tests.

Results: The mean age of patients was 64±11 years, mean disease duration 19.2±7.6 years, mean Rodnan skin score (mRSS) 11.5±9.3, and analysis was performed by non-parametric tests.

Methods: Fracture by FRAX on a special questionnaire and assessment of 10-year probability of new X-ray absorptiometry (DXA, Hologic 4500A). BMD decreasing grade was lumbar spine (LS), femoral neck (FN) and total hip (TH) by dual energy

Discussion: Low BMD was found in 68% women and 55% men: osteopenia of LS and FN correlated with age (r=-0.22, p=0.045; r=-0.23, p=0.016, respectively), duration of SSc (r=-0.32, p=0.037; r=-0.31, p=0.046, respectively), glucocorticoid cumulative dose for LS only (r=-0.31, p=0.04), and spine BMD (0.91±0.17 vs 1.08 ±0.18 g/cm², p=0.008). No statically significant difference between the two groups was observed regarding total fat mass, total bone BMD and BMD at upper limbs, lower limbs, head, ribs and pelvis. Interestingly, 24% of SSc patients were found affected by sarcopenia, and the most of sarcopenic patients showed the “Late” NVC pattern and 8 patients the “Early” NVC pattern. The “Late” NVC pattern group comparing to “Early/Active” group showed significantly lower total mass (5828±8217 vs 6723±11437 g, p=0.01), lean mass (35249±3646 vs 41230±7954 g, p=0.05), BSMI (5.8±0.92 vs 6.6±1.02 g/cm², p=0.02), BMC (1839±339 vs 2183±502 g, p=0.04), trunk BMD (0.70 ±0.16 vs 0.70±0.13 g/cm², p=0.05) and spine BMD (0.91±0.17 vs 1.08 ±0.18 g/cm², p=0.008). No statically significant difference between the two groups was observed regarding total fat mass, total bone BMD and BMD at upper limbs, lower limbs, head, ribs and pelvis. These clinical conditions seem not to be associated with severity of skin involvement and/or disease duration.


Disclosure of Interests: None declared