IgA vasculitis in adults: few certainties and many uncertainties

We read with great interest the article on cardiovascular, thromboembolic and renal outcomes in patients with immunoglobulin A vasculitis (IgAV), published recently online in *Annals of the Rheumatic Diseases*.

Tracy *et al*., estimated both a childhood and an adult onset of IgAV incidence rates and reported an increased risk of hypertension and chronic kidney disease in patients with IgAV, compared with age-matched and sex-matched controls based on retrospective data over a 12-year period extracted from a primary care database in the UK. They estimated the incidence rate of adult IgAV at 2.2 per 100 000 person-years, which is close to the historic belief that IgAV rarely affects adults but was 2.3 times lower than the incidence rate of adult IgAV estimated at our secondary/tertiary medical centre in Slovenia at 5.1 (95% CI 3.4 to 7.4) cases per 100 000 persons per year. And we believed our estimation was rather conservative as we prospectively, over 3 years, included only histologically proven adult IgAV cases. Moreover, our patient cohort was considerably older (mean age 62.4 (18.8) vs. 43.3 (18.8) years) and suggested, in line with other epidemiological studies, a distinct male preponderance (63% vs. 48.4% males), compared with the UK cohort of adult patients with IgAV.

Moreover, arterial hypertension and acute kidney injury were each more prevalent conditions contributing, if at all, to the risk of developing IgAV. Hopefully, further studies of this oft-neglected, and contrary to common belief, not at all uncommon vasculitis in adults will improve our insight.

Alojzija Hočevar,1,2 Matija Tomsič,1,2 Ziga Rotar1

1Department of Rheumatology, University Medical Centre Ljubljana, Ljubljana, Slovenia
2Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

Correspondence to Dr Alojzija Hočevar, Department of Rheumatology, University Medical Centre Ljubljana, Ljubljana 1000, Slovenia; alojzija.hocevar@gmail.com

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**REFERENCES**


**Table 1** The comparison between patients with IgAV and general population

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>18–24</th>
<th>25–34</th>
<th>35–44</th>
<th>45–54</th>
<th>55–64</th>
<th>65–74</th>
<th>≥75</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypertension (%)</strong></td>
<td>IgAV</td>
<td>Pop</td>
<td>IgAV</td>
<td>Pop</td>
<td>IgAV</td>
<td>Pop</td>
<td>IgAV</td>
</tr>
<tr>
<td>0.0</td>
<td>3.5</td>
<td>0.0</td>
<td>3.6</td>
<td>10.4</td>
<td>25.8</td>
<td>22.5</td>
<td>53.5</td>
</tr>
<tr>
<td>Diabetes (%)</td>
<td>0.0</td>
<td>0.9</td>
<td>0.0</td>
<td>1.4</td>
<td>3.8</td>
<td>12.1</td>
<td>16.1</td>
</tr>
<tr>
<td>Ischaemic heart disease (%)</td>
<td>0.0</td>
<td>0.7</td>
<td>0.0</td>
<td>0.3</td>
<td>0.0</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Stroke (%)</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>1.0</td>
</tr>
<tr>
<td>COPD (%)</td>
<td>0.0</td>
<td>1.6</td>
<td>0.0</td>
<td>2.3</td>
<td>7.7</td>
<td>2.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Current smokers (%)</td>
<td>23.1</td>
<td>24.0</td>
<td>21.7</td>
<td>33.8</td>
<td>30.8</td>
<td>29.7</td>
<td>32.3</td>
</tr>
<tr>
<td>BMI 25.0–29.9 (%)</td>
<td>38.5</td>
<td>18.4</td>
<td>47.8</td>
<td>30.4</td>
<td>23.1</td>
<td>40.1</td>
<td>19.4</td>
</tr>
<tr>
<td>BMI ≥30 (%)</td>
<td>15.4</td>
<td>5.1</td>
<td>8.0</td>
<td>8.1</td>
<td>16.2</td>
<td>48.4</td>
<td>24.3</td>
</tr>
</tbody>
</table>

*BM* body mass index (kg/m²); COPD chronic obstructive lung disease; IgAV immunoglobulin A vasculitis; Pop, population.