RISK FACTORS FOR INFECTIONOUS COMPLICATIONS FOLLOWING RITUXIMAB TREATMENT – MULTI CENTER POLISH EXPERIENCE


1Medical University of Gdansk, Department of Internal Medicine, Geriatrics and Clinical Immunology, Szczecin, Poland; 2Jagiellonian University Medical College, 2nd Department of Internal Medicine, Faculty of Medicine, Krakow, Poland; 3Medical University, Department of Rheumatology and Internal Medicine, Wrocław, Poland; 4Military Medicine Institute, Department of Internal Medicine and Rheumatology, Warsaw, Poland; 5Department of Internal Diseases and Rheumatology, Central Clinical Hospital of the Ministry of the Interior and Administration, Department of Internal Diseases and Rheumatology, Warsaw, Poland; 6Medical University of Gdansk, Department of Nephrology, Transplantology and Internal Diseases, Gdańsk, Poland; 7Pomeranian Medical University in Szczecin, Department of Internal Medicine, Rheumatology, Geriatrics and Clinical Immunology, Szczecin, Poland

Background: Rituximab (RTX) is a B cell depleting monoclonal antibody with proven efficacy in the treatment of ANCA-associated vasculitides (AAV). The infectious complications occur in 15-25%.

Objectives: We aimed to assess the frequency and risk factors of infections in patients with AAV treated with RTX among Polish patients.

Methods: 7 tertiary referral centers experienced in the treatment of vasculitis completed a questionnaire regarding AAV patients treated with RTX.

Results: Among 49 patients included in the analysis (47 with GPA, 2 with MPA: 36/73% men; mean age at diagnosis 42.45±14.9 yrs, mean age on RTX initiation 46.14±14.72 yrs.), at least one infection occurred in 20 patients (40.82%) after mean time of 16.65±16.01 months since the administration of RTX. Patients were followed for a mean time of 26.88±21.94 months. There were no differences in the incidence of infectious complications by gender, age, BMI, smoking status, severity of the disease, activity of the disease (BVAS), time from diagnosis to RTX initiation, carriage of staphylococcus aureus in the upper respiratory tract, total dose of CYC before RTX treatment. We didn’t observe severe hypogammaglobulinemia or neutropenia after RTX treatment. 40% of the observed infections occurred during the first month, 35% between second and sixth month of follow-up, while 25% were observed between 6 and 12 months after the RTX initiation. Of the 20 patients who developed infection, 12 (24.5%) had further infections. Anti-biotic prophylaxis with trimethoprim–sulfamethoxazole was administered in 40 patients who developed infection, 12 (24.5%) had further infections. Antibi-otic prophylaxis was discontinued in 18 patients after mean time of 3.2 months.

Despite the high number of infections in our group treated with RTX, we didn’t observe severe hypogammaglobulinemia or neutropenia. None declared.

Conclusion: Despite the high number of infections in our group treated with RTX, we didn’t observe severe hypogammaglobulinemia or neutropenia. None declared.

Disclosure of Interests: None declared.

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ROLE OF AGGRESSIVE IMMUNOSUPPRESSION ON SUBGLOTTIC STENOSIS IN GRANULOMATOSIS WITH POLYANGITIS: RETROSPECTIVE ANALYSIS OF A MONOCENTRIC COHORT

L. Moresi1, L. Giudice2, G. A. Ramirez2, S. Sartorelli3, A. Cariddi3, A. Carretta1, E. Bozzolo2, L. Dagna2, JIRCCS San Raffaele Hospital, Unit of Immunology, Rheumatology, Allergy and Rare Diseases, Milano, Italy; Vita-Salute San Raffaele University, Milano, Italy; JIRCCS San Raffaele Hospital, Unit of Thoracic Surgery, Milano, Italy

Background: Subglottic stenosis (SGS) is defined as airway narrowing below the vocal cords and is a common and potentially life-threatening manifestation of Granulomatosis with Polyangiitis (GPA), with an estimated prevalence of 16-23% (1). Balloon catheter dilation is ineffective in GPA-related SGS, but relapses are frequent. Little is known about the role of immunosuppression in this setting.

Objectives: to analyse the clinical characteristics of a monocentric GPA cohort, describe phenotype differences among patients with and without SGS and investigate the role of surgical and medical treatments on relapse risk and general outcome.

Methods: Biopsy-proven patients with SGS were identified by review of medical charts among a cohort of patients with GPA, classified according to the algorithm of the European Medicine Agency (2). The clinical characteristics

FAMILIAR AGGREGATION OF LONGEVITY IN GIANT CELL ARTERITIS AND POLYMYALGIA RHEUMATICA

M. Milchert1, M. Brzosko1, 1Pomeranian Medical University, Rheumatology, Internal Medicine, Geriatrics and Clinical Immunology, Szczecin, Poland

Background: The long-term mortality in giant cell arteritis (GCA) and polymyalgia rheumatica (PMR) is unexpectedly decreased (1,2,3,4) or at least not increased regardless increased mortality risk factors that these diseases share with other systemic inflammatory disorders.

Objectives: We aimed to test the hypothesis on aggregation of increased longevity in families of PMR/GCA patients because the family members of long-lived subjects have a survival advantage.

Methods: After questioning our patients we compared age of death of 358 parents of 179 PMR and GCA patients with corresponding data retrieved from 506 parents of 235 randomly collected age and sex matched controls.

Results: We found the number of nonagenarian (≥90 year old) mothers of PMR/ GCA patients significantly higher vs controls. Both nonagenarian parents were found in 6 patients (3.35%) and in none of the controls. Decreased number of nonagenarian fathers of our patients remains unexplained.

Conclusion: Confirming our findings in a wider studies would imply a need of including some genetic or behavioural factors to explain PMR/GCA survival advantage.

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