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

Objectives: We aimed to assess the frequency and risk factors of infections in patients with AAV receiving 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 42.4±14.9 yrs., mean age on RTX initiation 46.1±14.7 yrs.), at least one infection occurred in 20 patients (40.82%) after mean time of 16.6±16.01 months after the administration of RTX. Patients were followed for a mean time of 26.8±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. Antibiotic prophylaxis with trimethoprim–sulfamethoxazole was administered in 40 patients who developed infection, 12 (24.5%) had further infections. Antibiograms on sensitivity were available in 18 patients (36.73%) and were performed in 35 patients (71.4%). Among 35 patients (71.4%), no resistance was found.

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.


