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AB0513

GLOMERULONEPHRITIS IN LEVAMISOLE-ADULTERATED COCAINE VASCULOPATHY (LACIV): A 51-CASE SERIES

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Background: Up to 88% of cocaine is tainted with levamisole, anthelmintic withdrawn from the market due to toxicity. Since 2010 LACIV patients, characterized by retiform purpura, ear necrosis, multisystemic compromise and positivity for multiple autoantibodies, have been reported. Renal involvement is the most serious and heterogeneous clinical manifestation.

Objectives: To describe the renal involvement of patients with LACIV.

Methods: We describe the renal manifestations of a 51 case series with LACIV admitted in four high complexity institutions in Colombia from December 2010 to December 2019.

Results: All patients were mestizos, with median age of 32.5 years (SD 7.8), the male:female ratio was 4.7:1, and the time from symptoms to diagnosis 12 months (IR 32). Nephritis was found in 60.8%, with creatinine elevation in 61%, median 2.0 mg/dl (IR 3), 87% had proteinuria, median 3184 mg/day (IR 5735), 43% in nephrotic-range; 93% had hematuria and 48% pyuria and cilinduria. Biopsy was performed in 21 patients (64%), with immune complex mediated extracapillary glomerulonephritis (35%), immune complex mediated membranoproliferative glomerulonephritis (20%) pauci-immune proliferative glomerulonephritis (20%), membranous glomerulonephritis (15%), focal and segmental glomerulosclerosis (5%) and C3 mediated extracapillary glomerulonephritis (5%). Six patients (19%) developed end-stage kidney disease. Patients with nephritis had more ear necrosis, retiform purpura, leukopenia, lymphopenia, anemia, hypocomplementemia, anti-PR3 and anti-MPO antibodies, compared to patients without nephritis.

Conclusion: Due to the higher abuse of cocaine and its contamination with levamisole, LACIV is an increasingly reported disease. Although skin manifestations are the most characteristic and prevalent, renal involvement is frequent, clinically and histologically heterogeneous, and potentially serious. Cytopenias, hypocomplementemia and antineutrophil cytoplasmic antibodies could identify patients at risk of nephritis

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AB0514

CALF PAIN, KEY POINT IN THE DIAGNOSIS OF POLYARTERITIS NODOSA

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Background: polyarteritis nodosa (PAN) is a primary systemic vasculitis that is becoming a rare disease in part by the decrease in hepatitis B virus (HBV) infection due to widespread vaccination. It is characterized by a full vast constellation of nonspecific clinical manifestations, which sometimes delays and makes it difficult to diagnose. Still, muscle involvement is a feature that could guide the clinician.

Objectives: to describe the main clinical and laboratory characteristics of patients with PAN and to confirm the frequency of muscle involvement.

Methods: retrospective cross-sectional descriptive study of 23 adult patients diagnosed with PAN between January 2011 and December 2018 in two high complexity hospitals in Medellín-Colombia.

Results: twenty-three patients met ACR 1990 classification criteria for PAN, 52% were men with a median age of 51 (IR 36–60), 78.3% were newly diagnosed, and only two patients (8.7%) had HBV infection. General symptoms (found in 95% of the patients), cutaneous (82%), and articular (56%) were the most frequent manifestations. Among systemic symptoms, myalgia, especially calf pain, was the most common characteristic (78.3%), followed by weight loss (73.9%), fatigue (69.3%), and fever (59.3%). Laboratory findings and severity scores are shown in the table. Angiography was performed in 27.3% of patients, finding splanchnic (renal, hepatic and splenic) microaneurysms (17.4%), stenosis (13%), and renal infarction (4.3%). Fourteen patients (61%) had at least one positive biopsy documenting medium-sized artery vasculitis, mainly skin, muscle, nerve, or both; 9 (39%) had normal or inconclusive biopsy findings. All patients received high daily doses of prednisolone (50 ± 16 mg); 52.2% required cyclophosphamide, 30.4% azathioprine, 17.4% methotrexate, 8.7% rituximab, 4.3% dapsona and 4.3% plasmapheresis; acetylsalicylic acid was given to half of the patients and only one required antiviral therapy for HBV. With treatment, 87% improved; 22.7% had an infection, and 8.7% of patients died.

Conclusion: myalgia was the main characteristics of our PAN patients, especially in calves, and its presence in patients with other general, skin or articular symptoms should raise the suspect of this vasculitis.

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Table

Characteristic	PAN patients (n=23)
CRP (mean and SD in mg/dl)	6.3 ± 8.51
ESR (mean and SD in mm/h)	84 ± 38
CPK (median and IR in U/L) normal value < 180	76 (66)
FFS (mean)	1
BVAS (median and IR)	17 (7)

PAN: polyarteritis nodosa; CRP: C-reactive protein; ESR: erythrocyte sedimentation rate; CPK: creatine phosphokinase; FFS: five factor score; BVAS: Birmingham Vasculitis Activity Score; SD: standard deviation; IR (interquartile range)

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AB0515

COMPARISON OF THE PERFORMANCE OF THE 1990 ACR CLASSIFICATION CRITERIA AND THE GIACIA INCLUSION CRITERIA FOR THE CLASSIFICATION OF GCA: RESULTS FROM A SINGLE-CENTRE STUDY.

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Background: The classification criteria currently used to define giant cell arteritis (GCA) were developed in 1990 by the American College of Rheumatology