hemostatic effect. For uncontrolled hypoxia, he was transferred to the ICU and intubated. Pulmonary bleeding stopped after rFVIIa administration iv. Bronchoscopy on day 8 was negative for bleeding. He was depending on mechanical ventilation but the arterial oxygen pressure (pO2)/(FiO2) ratio increased the following day. Over the next 10 days, the situation improved and pt was discharged from the ICU. No thromboembolic complications were observed after administration of rFVIIa i.v.

Discussion – Our preliminary data suggests that, similarly to other glomerulonephritis, TMA should be evaluated as an associated histological pattern in renal vasculitis. TMA seems to determine a worse renal prognosis; consequently recognition of TMA associated features may allow a more appropriate management (i.e. plasmapheresis) of acute renal failure in these cases.

Reference

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A49
ANCA-associated vasculitis (AAV) and thrombotic microangiopathies (TMA): A retrospective histological study
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Introduction – A number of case reports of vasculitis with associated TMA are progressively reported in the literature. Moreover studies in animal models suggest that complement activation is crucial in the pathogenesis of ANCA-associated vasculitis (AAV) [1], supplying a possible predisposing papulum for TMA appearance. At our knowledge no data are available describing the possible association between vasculitis and TMA. We studied retrospectively our historical AAV cases to document the presence of histological signs of TMA.

Patients – We retrospectively examined a series of 39 consecutive patients diagnosed with renal biopsy as having AAV between 1990 and 2012. Patients had a mean follow-up of 86 months. Renal histology was reviewed by an independent pathologist, blinded for renal outcome.

Results – Ten out of thirty-nine patients died during follow-up. Six out of thirty-nine (15%) patients were identified as having clear signs of TMA. Four out of six patients of the TMA group had often an associated histological evidence of fibrinoid necrosis while the non TMA group presented an overall greater risk for renal failure on the basis of recently risk stratification scores in renal vasculitis; nonetheless the TMA group showed a significantly worse renal outcome (P < 0.05) (figure 1).