induced remission once and relapsed with saddle nose. We also discuss the pitfall of Watts’ algorithm for classification of ANCA-associated vasculitis.

Methods.— A 73-years-old female had a history of asthma. In October 2009, she suffered fever, abnormal sensation in both legs, and leg edema. She had 2,4600/μl of peripheral eosinophils and was seropositive for MPO-ANCA. They diagnosed her with EGPA, and she started to be treated with prednisolone and transferred to our hospital. On admission, she showed paresthesia, leg edema, marked eosinophilia, renal dysfunction, proteinuria and hematuria, reduced nerve conduction velocity. However, remission induction was achieved after several months.

When the dose of PSL was tapered, she suffered a relapse with nasal bleeding, saddle nose, and elevation of ANCA titer. However, there was no eosinophilia at the relapse. We treated her with prednisolone and intravenous cyclophosphamide for the second remission.

Results.— Saddle nose is associated with GPA. CT scan of paranasal cavity suggested that her sinusitis was due to GPA. It is very rare for an EGPA patient to show saddle nose. There has been only one report in which saddle nose was seen in a patient of EGPA (Takizawa et al., 1989). Their case was very similar to our case, even though ANCA could not be measured in those days.

Discussion.— Using Watts’ algorithm, we diagnose first with EGPA and then check surrogate markers for GPA. Thus, if a patient fulfills the criteria of EGPA, we diagnose with EGPA even though they have surrogate markers for GPA. In Asian countries, there are much more MPO-ANCA positive GPA compared to Western countries. They tend to be diagnosed with EGPA, because GPA patients sometimes have a history of asthma and mild eosinophilia.

Conclusion.— We experienced an interesting case of EGPA who relapsed with the symptom of saddle nose.

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Referral causes and initial diagnosis of ANCA-associated vasculitides in a pulmonary tertiary centre. Retrospective study in 90 patients

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Introduction.— No studies have addressed referral causes and initial diagnosis of ANCA-associated vasculitides (AASV) in a respiratory centre. We have studied this issue and present the main clinical characteristics of 90 patients with AASV.

Methods.— Retrospective, descriptive review of patients with final diagnosis of AASV based on the ACR criteria and the 1994 Chapel Hill Consensus Conference Nomenclature from 1982 to 2010.

Results.— Ninety patients (74 GPA, ten MPA, six CSS) were studied. Only one had an initial suspicion of an AASV. Main categories considered as first diagnosis were infectious (n=50), rheumatological diseases (n=19), neoplastic (n=9, only for GPA patients) and other in 12. Mean time elapsed from initial suspected to definitive diagnosis was 30 months. When we compared the clinical manifestations observed in our GPA patients with a similar series derived from a respiratory center (n = 77) [1], we found that SGS was significantly more common in our study (31% vs 2.5%), while cough (40 vs 78%), rhinitis (20% vs 42%), hemoptysis (18% vs 39%) and chest pain (3% vs 32%) were less frequent. After a mean follow-up of 22 months, 83% of patients were alive with remission being achieved in 87% and response in 9%. Seven patients died, mostly from infectious complications.

Discussion.— The majority of descriptions regarding respiratory disease in AASV are in the context of data from cohorts attending nephrological or rheumatological units. Our study has addressed the initial diagnosis considered in patients with an AASV in a respiratory centre in where the correct diagnosis was not apparent for any of the cases and alternative diseases, mostly of infectious origin, were considered first.

Conclusion.— On referral or arrival to a respiratory centre, our patients were thought to have other diseases. This resulted in delay until correct diagnosis was reached. By making our data available, we aim to revert this condition by expanding the knowledge among our respiratory specialists on the modes of presentation of AASV patients.

Reference

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