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**Successful pregnancy in patients with granulomatosis with polyangiitis (Wegener’s) after rituximab treatment**

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**Introduction.** GPA frequently develops in the elderly patients though it can manifest at younger age. High activity of disease and immunosuppressive treatment increase the risk of unfavourable outcomes of pregnancy. RTX is highly effective in GPA patients but its effects on reproductive function are not well studied.

**Patients.** We present the case of successful pregnancy in GPA patient treated with RTX.

**Results.** In 26 years old female GPA manifested with bilateral acute otitis and lung infiltrates. Antibiotics were ineffective. Later she developed ulcerative rhinitis and fever. Laboratory tests showed the presence of acute inflammation, urinary changes (red blood cells, protein, casts) and PR3 ANCA. Nasal biopsy revealed granulomatosis and vasculitis. The remission of GPA was achieved after treatment with oral PRED and intravenous CYC (every 3 weeks for 6 months). The patient continued treatment with low-dose PRED and AZA but after 10 months she developed the relapse of GPA with upper and lower respiratory tract involvement. RTX administration (four infusions of 500 mg with weekly intervals) rapidly induced the remission of GPA. All drugs except PRED 5 mg daily were discontinued because the patient planned pregnancy. She developed pregnancy within 8 months after RTX administration. The course of gestation was uneventful. PR3 ANCA level increased at 6 months. She delivered healthy baby with normal B cells count in term (Apgar 9/9). Immediately after delivery CT scan showed no changes in the lungs and nasal cavity but within 4 months the patient developed the relapse of ulcerative rhinitis and was effectively retreated with RTX.

**Conclusion.** According to the current EULAR guidelines the indications for RTX administration in GPA patients include inefficacy or intolerance of standard treatment or frequent exacerbations. RTX should be preferably offered in younger patients who consider pregnancy. Our case shows the possibility of successful pregnancy in young female with GPA within few months after RTX administration.

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**P63**

**Alveolar hemorrhage, rectus muscle hematoma, and gastrointestinal bleeding accompanied by crescentic glomerulonephritis in a patient with PR3-ANCA disease**

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**Introduction.** This is the first report of a case of GPA accompanied by alveolar hemorrhage, rectus muscle hematoma, and gastrointestinal bleeding.

**Patients.** A 67-year-old female was admitted to our hospital because of general fatigue, fever, and edema for one month, and hemoptysis, dyspnea for 1 week. Scr was rapidly increased to 4.0 mg/dL with hematuria and proteinuria. CT revealed large areas of ground glass opacity in the right lung; hence the hemoptysis was due to alveolar hemorrhage. Sputum culture revealed the presence of Staphylococcus. The titer of PR3-ANCA was 340 U/L, and he was diagnosed with ANCA disease (BVAS 48) associated with pneumoniae. Thus, she was treated with antibiotics and plasma exchange (PE). However, after the second PE, she suddenly complained of abdominal pain and swelling in the right rectus muscle region with hypotension. Her Hb dropped from 8.8 to 4.5 g/dL in the subsequent hours. Abdominal CT showed an irregular low-density mass in the right muscle, so he was diagnosed as rectus muscle hematoma. Her condition was improved after receiving a transfusion and supportive therapy. Then, she was started on methylprednisolone pulse therapy followed by the oral prednisolone and cyclophosphamide resulted in improvement of hemoptysis with gradually decreased Scr. However, she developed tinnitus and bloody nasal discharge and diagnosed as frontal sinuses by CT. Therefore, we gave her the third PE. Unfortunately, she developed tarry stools and her Hb dropped soon. Endoscopy showed two duodenal ulcers, and the biopsy specimen revealed angiitis of the duodenum. Another methylprednisolone pulse therapy, inhibition of gastric acid and transfusion were given. Renal biopsy showed the presence of crescent-shaped glomerulonephritis.

Results. In the GPA group LTB4, PGD2, and 11-dehydro-TXB2 were elevated when compared to HC, whereas: 5-HETE, LTC4, trans LTC4, eosins (C4, D4, E4), 9 α, 11β PGF2α and tetranor-PGE-M were decreased (figure S1).

**Conclusion.** Significant differences in the EBC eicosanoid profiles between the GPA and HC groups were observed. This finding may help us to elucidate the pathogenesis of the respiratory tract inflammation in GPA patients.

**Supplementary data associated with this article can be found on the website of La Presse Médicale (http://www.em-consulte.com/revue/lpm).**

Figure 1. Differences between eicosanoid concentrations in exhaled breath condensate from patients with granulomatosis with polyangiitis (GPA) and healthy controls (HC). Abbreviations: M: metabolite; **: p < 0.01.

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**P62**

**Distinct eicosanoid profile in exhaled breath condensates from granulomatosis with polyangiitis (Wegener’s) patients**

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**Introduction.** Granulomatosis with polyangiitis (GPA, Wegener’s) is a systemic vasculitis affecting mostly small vessels, typically involving the upper respiratory tract, lungs and kidneys. The hallmark of the respiratory tract pathology is granulomatous inflammation, and eicosanoids play an important role in it. We aimed to evaluate the eicosanoid profile in GPA patients, using a noninvasive method – exhaled breath condensate (EBC) analysis.

**Patients.** EBC from 27 GPA patients and 30 healthy controls (HC) were assessed qualitatively for 20 eicosanoids by mass spectrometry by a high-performance liquid chromatography–tandem mass spectrometry (HPLC-MS/MS).

Results. In the GPA group LTB4, PGD2, and 11-dehydro-TXB2 were elevated when compared to HC, whereas: 5-HETE, LTC4, trans LTC4, eosins (C4, D4, E4), 9 α, 11β PGF2α and tetranor-PGE-M were decreased (figure S1).

**Conclusion.** Significant differences in the EBC eicosanoid profiles between the GPA and HC groups were observed. This finding may help us to elucidate the pathogenesis of the respiratory tract inflammation in GPA patients.

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