Conclusions. Stent patency rates were 87, 81 and 72%, at the end of 10, 15 and 20 years, respectively. Twenty-eight stent re-stenoses, and seven graft occlusions occurred. There were no peri-procedural deaths. During follow-up (mean: 124 patients over 158 had better control of hypertension.

Methods. This is a twenty-five year study (1987–2012) of 262 TA patients in Chennai, India, evaluated using the Disease Extent Index for TA, Indian Takayasu Activity Score and Takayasu Arteritis Damage Score. The outcome of vascular interventions, in terms of perioperative morbidity, patency and reocclusion are reported. 158 TA patients (46 men and 112 women; mean age: 32.34 years) underwent 246 interventions: percutaneous transluminal renal angioplasty and stenting (PTA): 104; angioplasty and stenting of aorta: 46; autotransplantation of kidneys: 12; nephrectomies: 11; CABG surgeries: 32; coronary angioplasty and stenting: 36; carotid endarterectomies: 42; grafts from ascending aorta to carotids: 8; aorto-iliac endarterectomies: 4; aorta-femoral bypass grafting: 6; axillo-femoral and axillo-popliteal bypass grafting: 4; ascending aorta-infrarenal aorta bypass grafting: 3; aorta-renal artery bypass grafting: 4; ascending aorta-abdominal aorta bypass grafts: 4; aorta-femoral bypass graft: 2; iliac-renal artery bypass grafting with Saphenous vein: 3. The patency of stents was evaluated at 6 monthly intervals by Doppler, CT angiogram or digital subtraction angiograms.

Results. 124 patients over 158 had better control of hypertension. There were no peri-procedural deaths. During follow-up (mean: 180 months), 28 stent re-stenoses, and seven graft occlusions occurred. Stent patency rates were 87, 81 and 72%, at the end of 10, 15 and 20 years, respectively. There were 36 deaths with 5-year survival of 92%.

Conclusion. Revascularization after adequate immunosuppressive therapy is effective and results in good long term survival of stents with low reocclusion rates. Adequate immunosuppression should be maintained following vascular interventions to prevent reocclusions.

Further reading

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14-3-3 in large vessel vasculitis: A novel antigen

Introduction. Large Vessel Vasculitis (LVV) including Giant cell arteritis (GCA), Takayasu arteritis (TAK) and focal aortitis has a predilection for the aortic arch. GCA and TAK are incurable and may produce profound morbidity and disability. While the pathogenesis of LVV has become better understood, the cause(s) is still unknown. We have sought to identify aortic Ag that may drive the immune response.

Methods. In collaboration with Center of Aortic Diseases at Cleveland Clinic, from over 1100 thoracic aorta (TA) surgeries in 2 years, we have thus far collected 132 TA biopsies, autologous plasma, serum and DNA from GCA, TAK and focal aortitis patients and non-inflammatory disease controls (matrix abnormalities). We have studied 23 tissue lysates as well as 22 sera (6 LVV, 6 control and 10 non-related autoimmune disease).

Results. We have found preferential Ab binding in LVV to an endogenous 30 KD protein in tissue lysates from human aorta (both patient and control). By mass spectroscopy, the reactive Ag is a member of 14-3-3 protein family. Total 14-3-3 expression did not differ in tissue lysates of control vs. LVV patients. We are currently investigating various isoforms of the 14-3-3 family in LVV and control aortas.

Discussion. The 14-3-3 family consists of 7 isoforms that are highly conserved and have important cellular and signaling functions in health and disease. Several isoforms of 14-3-3 are known to induce Ab responses in diseases such as lung cancer and infectious diseases. In LVV, it is not known whether 14-3-3 is modified or if there is loss of tolerance to native protein. This question will be the focus of further studies.

Conclusion. This novel albeit preliminary finding of anti-14-3-3 Ab in LVV may provide further insight into disease pathogenesis. Further studies will explore whether specific anti-14-3-3 isoforms are modified and targeted in LVV. If that is the case, anti-14-3-3 and circulating 14-3-3 may be useful as diagnostic and disease activity biomarkers.

Further readings

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Methodoxetate plus prednisone in patients with relapsing chronic periaortitis
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Introduction. Chronic periaortitis (CP) is a rare, chronic-relapsing disease. The treatment of flaring CP is challenging, but no studies are available. We evaluated feasibility of a methotrexate and prednisone regimen in relapsing CP patients.

Methods. The trial was open-label, prospective, non-randomised. Inclusion criteria were relapsing CP and an age between 18 and 85 years. Sixteen patients were treated with methotrexate and prednisone for 12 months; afterwards, the physician was free to decide whether or not the treatment should be discontinued. The primary end-point was the remission rate at month 12; secondary end-points were changes in erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), paraaortic tissue thickness, estimated glomerular filtration rate (eGFR) and resolution of ureteral obstruction.

Results. After 12 months, 14 (88%) patients were assessable; 11 of them (79%) were in remission while one withdrew therapy because of