Conclusion.—This study confirms the interest of tocilizumab in terms of clinical, biological and radiological response, as well as steroid-sparing agent in Takayasu arteritis.

Further readings


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Study of side effects of glucocorticoid treatment in 28 patients with giant cell arteritis (GCA)
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Introduction.—Glucocorticoids (GCs) are the drug of choice in the treatment of GCA but are associated with a >50% rate of serious side effects.

Methods.—We reviewed retrospectively 28 patients diagnosed with GCA that received only treatment with GCs during the period of 1987–2012. We analyzed dose, time of therapy and main complications of GCs treatment after diagnosis (onset or worsening of diabetes and hypertension, osteopenia or bone fractures and infections).

Results.—Twenty-four patients had a confirmed diagnosis by temporal biopsy. All patients (27) received treatment with prednisone, except one (deflazacort). We classified the patients in two groups 15 patients (53.57%) with side effects and 13 (46.43%) patients without side effects. We didn’t find any differences in mean age (74.8 years vs 75.5 years) and sex (predominance of females) between both groups. The average initial dose of GCs (mg per day) was higher in the comorbidity group (62.67 mg vs 54.17 mg). Nine patients suffered two or more comorbidities. Main adverse event was infection (ten patients) followed by diabetes (seven patients), osteopenia or bone fractures (five patients) and hypertension (three patients). Five patients had two or more types of infection and viral type was the most frequent (eight patients). All patients with GCs adverse effect had received treatment during more than 1 year compare to only five patients without side effects that received prolonged treatment. We observed more number of patients with relapses in the comorbidity group (60% vs 38.46%).

Discussion.—In our study, we observed that more than a half of our patients associated adverse events. The patients in GCs adverse events group received higher initial dose of GCs, for a longer duration of therapy and suffered more frequently relapses. Viral infections are the most relevant adverse event.

Conclusion.—Clinicians must be aware of potential side effects of long therapy with GCs in GCA patients specially infections. Further research is needed to find more effective with less side effects to treat GCA.

Further readings

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P106
Leflunomide as a corticosteroid-sparing agent in giant cell arteritis (GCA) and polymyalgia rheumatica (PMR): A consecutive case series
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Introduction.—GCA and PMR are affecting individuals older than 50 years and corticosteroids are the mainstay of treatment. Azathioprine and methotrexate have shown little and moderate efficacy respectively...