P165
Long-term outcome of severe alveolar hemorrhage in ANCA-associated vasculitis: A retrospective cohort study

Z. Hruskova¹, A. Casian², P. Konopasek¹, B. Svobodova¹, D. Frausova¹, V. Lanska², V. Tesar¹, D. Jayne²

1. General University Hospital and First Faculty of Medicine, Charles University, Department of Nephrology, Prague, Czech Republic
2. Addenbrooke’s Hospital, Vasculitis and Lupus Clinic, Cambridge, United Kingdom
3. Institute for Clinical and Experimental Medicine, Statistical Unit, Prague, Czech Republic

Introduction.—Alveolar hemorrhage (AH) is a major cause of early death in ANCA-associated vasculitis (AAV). There is a paucity of information regarding the outcomes of AAV patients presenting with severe AH.

Patients.—A retrospective cohort study. Patients with severe AH were identified from a case review of 824 AAV patients. Demography, presenting features, treatment and outcomes were described.

Results.—Fifty-three patients (M/F 33/20; median age 59) were identified, 37 (69.8%) with granulomatosis with polyangiitis (Wegener’s), 16 with microscopic polyangiitis; 36 PR3-ANCA and 17 MPO-ANCA. AH was the first disease manifestation in 46 (86.8%). Assisted ventilation was required in 36 (67.9%), renal involvement was present in 52 (98.1%) and 28 (52.8%) required dialysis. Forty (75.5%) received plasma exchange. At 3 months, 44/53 (83.0%) were alive. The mean follow-up was 49 months when 31 (58.5%) were alive and 24 (45.3%) dialysis independent. Mortality was higher in those requiring dialysis at entry (57.1% vs. 24%, P = 0.02), in patients > 65 years (71.4% vs. 30.8%, P = 0.01), and tended to be higher in those requiring intubation (54.5% vs. 32.2%, P = 0.1).

Conclusion.—Severe AH was more commonly associated with PR3-ANCA (vs. MPO-ANCA) and strongly correlated with renal vasculitis. Current treatment of severe AH leads to remission but long-term mortality remains high. Concurrent renal failure and older age were associated with higher mortality.

http://dx.doi.org/10.1016/j.lpm.2013.02.236