IMMUNOBIOLOGICAL THERAPY AS A TREATMENT OPTION FOR PATIENTS WITH SYSTEMIC VASCULITIS: CLINICAL PROFILE OF PATIENTS IN A TERTIARY HEALTH CARE CENTER

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BACKGROUND

The prognosis of systemic vasculitis was modified by better knowledge of pathophysiology and development of more efficient therapies. Immunobiological medication, as rituximab (RTX), in ANCA-associated vasculitis, and tocilizumab (TCZ), in large vessels vasculitis, are an important alternative, especially in refractory cases. The goal of the present study is to describe the experience in a tertiary health care center, mapping the clinical profile of patients with the diagnosis of systemic vasculitis who were treated with immunobiological medication.

METHODS

Retrospective medical record review study, including 10 patients diagnosed with granulomatosis with polyangiitis (GPA) who underwent treatment with RTX and 6 patients diagnosed with giant cells arteritis (GCA) who had received TCZ, between 2016 and 2021.

RESULTS

Among GPA patients medicated with RTX, 70% were female and 30% were male, and the mean age at diagnosis was 54 years old; 90% demonstrated positivity for ANCA-c, and there were several systemic manifestations: 50% pulmonary, 80% nephrological, 80% sinusitis, 40% ophthalmological and 20% neurological. Twenty percent of the patients received RTX as first therapy, while 80% switched from medication after cyclophosphamide secondary failure. Ninety percent reached remission after RTX induction and 10% underwent severe adverse reaction to RTX, causing medication withdrawal. All GCA patients in treatment with TCZ were female, and the mean age at diagnosis was 66.5 years old. One third of patients started TCZ after methotrexate secondary fail plus difficult glucocorticoids withdrawal, while 33.33% used TCZ as first option therapy; 83.33% patients reached sustained remission after using TCZ, with no adverse event reported.

CONCLUSION

Most patients received immunobiological therapy after failing conventional treatment and reached remission. The data observed in clinical practice corroborate with randomized studies that have already demonstrated the efficacy of these medications as a therapeutic alternative, especially in refractory cases.

KEYWORDS

Granulomatosis with polyangiitis, Rituximab, Tocilizumab, Giant cells arteritis.