P393

P393 -CARDIOVASCULAR DISEASE IN EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS

Dr Allyson Egan[1], Dr Milena Bond[2], Professor David Jayne[1]
[1]University of Cambridge, Cambridge, United Kingdom, [2]S.Maria della Misericordia Hospital, Udine, Italy

BACKGROUND

Eosinophilic granulomatosis with polyangiitis (EGPA), is characterized by disseminated necrotising small vessel vasculitis with extravascular granulomas, amongst patients with the prodrome of asthma and tissue eosinophilia.1,2 The French Vasculitis Study Group five-factor prognostic score (FFS) associates cardiac disease with a poorer prognostic group.1,2,3 Histological findings in 7/9 cardiac transplant recipients, had evidence of EGPA in explanted native hearts despite ongoing immunosuppression.4

METHODS
This retrospective, descriptive study analysed 18 patients with EGPA according to the American College of Rheumatology criteria or Chapel Hill Consensus 2012 definition. Identification of cardiac disease was based upon abnormalities in clinical condition, cardiac enzymes, ECG, ECHO and in some cases cardiac MRI. The aim of our study was to analyse the clinical manifestation and outcomes of patients with cardiac disease.
RESULTS
The mean age of onset of EGPA in 18 patients was 47.8 ± 11.1yrs. 100% were asthmatic. 15 were ANCA negative. At the time of mean follow-up 61.7 ±33.8 months, percentage survival in the cohort was 100%. Two patients had evidence of thrombo-embolic disease. Pulmonary and ENT involvement were common with cardiac disease, unlike renal disease. Cardiac manifestations and immunosuppressants are listed in table 1.
CONCLUSION
In accordance with literature, cardiac disease was found predominantly in ANCA negative patients. Therapy with conventional immunosuppression including steroids, cyclophosphamide and biologic therapies rituximab, alemtuzumab and mepolizumab had a favourable outcome. Early diagnosis of cardiac involvement is essential in guiding management decisions and prognosis.