263. FACTORS ASSOCIATED WITH PATIENT MORTALITY IN SYSTEMIC NECROTIZING VASCULITIS

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Background: Systemic necrotising vasculitides (SNV) including granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), eosinophilic granulomatosis with polyangiitis (EGPA) and polyarteritis nodosa (PAN) are rare disorders associated with a 2.7-fold risk of mortality compared to the general population. Our objective was to detect possible prognostic factors of patient survival in Ukraine.
Methods: Outcome data was collected for 53 patients who had been diagnosed with PAN and for 49 patients who had been diagnosed with ANCA-associated vasculitis (27 pts with GPA, 10 pts with MPA and 12 pts with EGPA) in the two city hospitals in Kyiv between 1972 and 2015. Survival was evaluated as a function of the main demographics, clinical and laboratory parameters and Birmingham Vasculitis Activity Score (BVAS) assessed at diagnosis. Statistical analyses used the Kaplan-Meier method and the multivariate Cox proportional hazards regression model.
Results: The median duration of follow-ups was 77 months and 21 deaths (20.6%) were recorded (15 pts with PAN, 4 pts with MPA and 2 pts with GPA). Cumulative survival rates at 1, 3, 5 and 10 years was 88.6; 84.2; 81.8 and 68.2% for PAN, 91.8, 87.6, 87.6 and 76.7% for ANCA-associated vasculitis. Comparison survival of patients with PAN according to age and sex revealed that gender cumulative survival function didn't differ significantly ($p = 0.58$), but age at onset of the disease of more than 60 years significantly reduces the survival of patients with PAN. Survival curves of groups of patients with different disease activity determined by BVAS were not significantly different ($p = 0.59$, $p = 0.88$). Multivariate analysis showed that presence of increased creatinine levels more than 140 mg/dL, cardiac involvement and patient age over 60 years were significant negative prognostic factors for PAN patient survival, also increased creatinine levels more than 176 mg/dL and hemorrhagic alveolitis – for patients with GPA and MPA.
Conclusion: Despite the standard treatment the prognosis of patients with SNV remains unfavorable: the cumulative survival rate of patients with PAN at 1, 3, 5 and 10 years of observation is 89%, 84%, 82% and 68%, respectively, for patients with ANCA-associated vasculitis - 92%, 88%, 88% and 77%, respectively. Predictors of low survival rate for patients with PAN are elevated creatinine levels, myocarditis and the age of patients over 60 years of age, and for patients with ANCA-associated vasculitis - increased creatinine levels greater than and presence of hemorrhagic alveolitis.
Disclosures: None