Postgraduate Educational Afternoon

Imperial Vasculitis Centre, Hammersmith Hospital, Imperial College, London

Wednesday 5th March 2014

(Attended by Richard Eastoe, John and Susan Mills)

In March Richard Eastoe, John and Susan Mills attended the second Vasculitis education session organised by Professor Justin Mason at the Imperial Vasculitis Centre at Hammersmith Hospital in London.

Professor Charles Pusey started the afternoon describing how they were working to build a multidisciplinary team to treat people with vasculitis at Hammersmith. They currently have an impressive list of ENT, Ophthalmology, Rheumatology, Renal, Cerebral and Respiratory specialists all working together to diagnose and treat vasculitis patients.

The first presentation was entitled “The Eye in the Systematic Vasculitides” by Professor Susan Lightman from Moorfields eye hospital.

Professor Lightman talked about the various eye problems that can occur in autoimmune diseases such as Behçet’s, Lupus and GPA (Wegener’s). She outlined some of the current studies and biologic treatments using Infliximab and Rituximab.

The next presentation was by Professor Ann Morgan from St James’s hospital in Leeds entitled “The Role of Genetic Predisposition in GCA”.

Professor Morgan talked about the UK GCA Consortium. This is a multi-centre study to establish the causes, development and clinical presentation of GCA & PMR. It also hopes to identify biomarkers for the diagnosis and monitoring of the disease.

During the Q&A session there was a lot of discussion and sharing of experience around the use of ultrasound in order to get the best possible sample from temporal biopsies.

Finally Dr Ruth Tarzi from Imperial gave a presentation on “Clinical Trials in ANCA and Large Vessel Vasculitis”.

Dr Tarzi discussed many trials comparing the effectiveness and outcomes of different drug treatments and therapies. She concluded that there were still unmet needs for reducing the toxicity of treatments and for predicting the risk of relapses.

There was some interesting discussion amongst the doctors about whether maintenance therapy should be reduced earlier because the outcomes of relapses had been shown to be no different. The thought was that patients could then be spared at least some toxic drug treatment.

After the break came two case studies.

The first was a complicated case of a stroke patient with sinus and eye problems who was eventually diagnosed with GPA and Cerebral vasculitis. The conclusion was that stroke in ANCA associated vasculitis is poorly understood but that early intervention improves the outcome for such patients.

The second study was a case of a patient with urticarial vasculitis and heart valve disease. The patient was eventually diagnosed with Hypocomplementemic Urticarial Vasculitis Syndrome (HUVS), this was despite not showing the typical anti-C1Q autoantibodies that are normally found with the disease. To date, the staff at Imperial have only found 5 other similar cases of HUVS worldwide. The cases raise the question as to whether similar antibodies can be found both in cases of HUVS and valvular heart disease.

This was another impressive meeting showing the level of interest there is in the research and treatment of vasculitis. I was particularly pleased to see, again, the interest not only in ANCA vasculitis but also in some of the more rare forms of the disease such as CNSV and HUVS.