

ReMEC – Large Vessel Vasculitis Masterclass

Birchwood Park, Warrington - Wednesday 20th November 2013

(Attended by Richard Eastoe, John and Susan Mills)

In November last year we were invited back to another Vasculitis Masterclass organised by ReMEC (the Renal Multidisciplinary Education Committee). This year's event was chaired by Mr Mark Field, a Cardiothoracic Surgeon at the Liverpool Heart & Chest Hospital (LHCH) and Dr Devesh Mewar, a Rheumatologist at the Royal Liverpool.

The Masterclass was well attended by about 50 clinicians, all there to hear the talks about large vessel vasculitis. As usual we had a small stand and did a brisk trade in routemaps, leaflets and newsletters. The stand was a good place to catch the attention of the visiting clinicians and we chatted to Professor Justin Mason from Imperial College London who was there to talk about Takayasu's arteritis, Dr Sarah Mackie who was over from Leeds and Dr Mike Venning from Manchester Royal.



First to speak was Dr Janice Harper from the Royal Liverpool. She spoke about ANCA Associated Vasculitis affecting the aorta, the large artery that takes blood from the heart to all parts of the body. She told us that she has changed her approach to clinical practise as aortic problems are not as rare as once thought. She challenged vascular surgeons to think differently about cardiovascular problems and to consider vasculitis.

Dr Amira Stylianides, a medical ophthalmologist from the Royal Liverpool, then spoke about Giant Cell Arteritis (GCA). He said that early diagnosis was essential to prevent loss of vision and that clinicians should screen for the disease. Pulsed intravenous steroids are the standard treatment but he reported that there have been some promising results from using the new biologic drug Tocilizumab.

Prof Justin Mason from Imperial College then spoke about Takayasu's Arteritis. Prof Mason again talked about problems with the aorta and agreed that Takayasu's is probably not as rare as once thought. Early treatment with biologics such as Adalimumab and Tocilizumab is best although there are issues with funding this off license drug due to a lack of clinical trials. Prof Mason is a big fan of Magnetic Resonance Angiography (MRA) to detect the disease before it causes narrowing of arteries. He concluded that research is required into creating a scoring system for MRA screening as the traditional BVAS scoring is not sensitive enough for large vessel vasculitis.





After lunch Mr Aung Oo, a Cardiothoracic Surgeon at LHCH, talked about the timing of surgery in vasculitis. Mr Oo showed us some beautiful pictures of his home country, Burma by way of some light relief from the incredible but rather graphic pictures of his aortic surgery ! But Dr Oo confirmed that inflammation from vasculitis should be treated where possible before surgical intervention. He also agreed that a multidisciplinary approach to treatment was essential.

Finally Dr Manos Panagiotidis from University College London talked about Positron Emission Tomography (PET) and Computerised Tomography (CT) scans in testing for vasculitis. Dr Panagiotidis said that whilst PET scanning is useful in diagnosing large vessel vasculitis, it is unreliable for assessing inflammation in GCA. He thought there was a need for further research and studies.

At the end of the day there was a fascinating group discussion about imaging techniques and screening for aneurysms and underlying disease activity. The group agreed that up to two years ago cardiologists knew very little about vasculitis and there is still no screening for cardiac issues (such as regular Troponin blood tests or taking the “6 minute walk” test). The group also wondered whether they were missing Central Nervous System Vasculitis where currently a brain biopsy is essential in diagnosis.

So it was another fascinating day in Manchester. We saw clinicians from very different disciplines all coming together to discuss large vessel vasculitis. I think all the clinicians present benefited from the exposure to such a wide range of disciplines and ideas on the diagnosis, monitoring and treatment of these diseases. I continue to be impressed by the enthusiasm and interest these clinicians take in their work. Days like these can only be of benefit to all vasculitis patients such as ourselves.