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## P394 -RENAL INVOLVEMENT IN EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS

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### BACKGROUND

Eosinophilic granulomatosis with polyangiitis (EGPA) is a systemic necrotizing vasculitis affecting small to medium sized vessels, characteristically associated with asthma and eosinophilia<sup>1,4</sup>. EGPA renal disease is prevalent in approximately 25%.<sup>2</sup> Presentation includes focal and segmental necrotizing crescentic glomerulonephritis (NCGN),<sup>1,3</sup> eosinophilic interstitial infiltrates<sup>4</sup> or obstructive uropathy caused by vasculitic involvement of the ureters. The aim of our study is to analyse the prevalence, clinical manifestations and outcomes of EGPA patients with renal involvement.

### METHODS

We retrospectively analysed 142 patients with EGPA according to the criteria of the American College of Rheumatology or Chapel Hill Consensus 2012 definition. We selected patients with renal involvement defined by the presence of (A) Renal insufficiency serum creatinine (SCr) > 97  $\mu\text{mol/L}$ , or (B) haematuria and/or proteinuria (>1+ in urinalysis) or (C) obstructive uropathy.

### RESULTS

Eleven (7.74%) patients with renal involvement (Table 1), 8 men and 3 women, with a mean age of  $58.3 \pm 8.8$  years were identified. Median time of follow up was  $10.8 \pm 9.5$  years. Seven were ANCA positive, 6 with MPO and one PR3-ANCA.

Three patients presented with rapidly progressive kidney injury with SCr >290  $\mu\text{mol/L}$ , 6 with SCr greater than >117  $\mu\text{mol/L}$  and two had normal SCr [44-97  $\mu\text{mol/L}$ ]. Data for dipstick analysis on ten patients revealed seven with haemoproteinuria, one proteinuria and two with normal urinalysis.

Renal biopsy performed in 6 patients, demonstrated 3 NCGN, 2 had both NCGN and tubulointerstitial nephritis (TIN) with eosinophil infiltrates, and 1 had TIN with eosinophil infiltrates alone. All the patients with NCGN were ANCA positive, while the patient with TIN alone was ANCA negative. 2 patients had obstructive uropathy due to ureteric stenoses.

Patients received immunosuppressant therapy with prednisolone, cyclophosphamide, rituximab, mycophenolate mofetil, azathioprine, methotrexate and plasma-exchange (Table 1). At the end of follow up 2 patients were renal transplant recipients, 5 had chronic kidney disease (CKD) and 4 maintained normal kidney function.

### CONCLUSION

Although renal involvement in EGPA is less frequent than in others AAV, it must be taken into account especially in ANCA positive patients who can present with NCGN leading to CKD. However, it also presents in ANCA negative patients, who can have other manifestations such as TIN with eosinophil infiltrates or obstructive uropathy.