



Vascular Medicine

TOCILIZUMAB AMELIORATES VASCULAR INFLAMMATION AND CLINICAL SYMPTOMS IN PATIENTS WITH TAKAYASU ARTERITIS REFRACTORY TO GLUCOCORTICOIDS

Poster Contributions

Poster Sessions, Expo North

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Background: Treatment of refractory Takayasu arteritis (TA) remains a challenging clinical issue. Patients usually respond to glucocorticoid (GC) therapy, but often relapse on tapering of the GC dose. Additionally, GCs therapy is accompanied with a variety of adverse events. The aim of this study was to assess the efficacy and safety of the interleukin-6 (IL-6) receptor (IL-6R) antibody tocilizumab (TCZ) in the patients with refractory TA.

Methods: Four patients with TA who had shown GC resistance received TCZ infusions (8mg/kg body weight) every four weeks for at least 18 times (range from 18 to 55). Clinical symptoms of disease activity, the levels of acute phase proteins such as C-reactive protein and serum amyloid A, and GC dosage necessary to maintain remission were prospectively assessed. CT and MRI scan were performed to monitor local inflammation.

Results: The mean duration of TCZ treatment was 22.2 times (range 18-55 times). All patients achieved a rapid normalization of the acute phase proteins and complete clinical response. Remarkably, prednisolone dosage could be reduced to a mean of 2.2mg/day (range 0-3 mg/day). All of the three patients who received TCZ for more than 2 years showed significant reduction in the thickened artery lesions. No relapse and no drug-related side effects were noted in all patients.

Conclusions: In this small group of patients with refractory TA, treatment with TCZ was effective and well-tolerated. Further larger studies are required to confirm our findings.