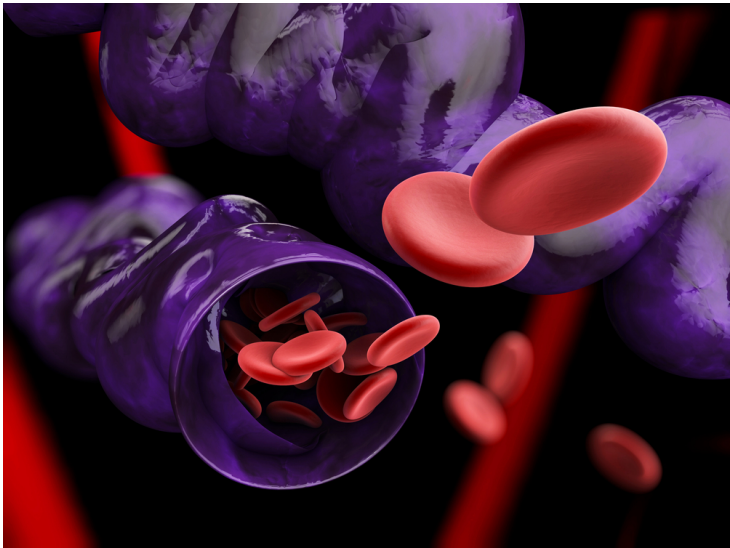


Vasculitis patients not at extra risk of COVID-19 infection

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Vasculitis is a rare but serious inflammatory autoimmune disease that damages blood vessels



At a time when fear of coronavirus infection is adding to worries of patients living with chronic diseases, senior rheumatologists and immunologists at recently held IHW Council's web summit on vasculitis care during COVID-19 highlighted that rheumatoid diseases caused by malfunctioning of the immune system need continuous care and voluntary discontinuation of prescribed medicine will cause more harm than good.

Dr. Debasish Danda, Professor & Founder of Clinical Immunology & Rheumatology, CMC Vellore; President-Elect, Asia Pacific League of Associations for Rheumatology (APLAR) said, "Vasculitis is a combination of diseases. Though it is not very common in India but the impact of the disease can be very serious. Though the medicines prescribed for vasculitis are immunosuppressant in nature, they do not make the patient more vulnerable to COVID-19 infection. It will be highly recommended that vasculitis patients should not stop their medicines until they have confirmed COVID-19 infection and are advised by doctors to do so as the mortality of vasculitis is far higher than COVID-19."

While highlighting a greater need for awareness about diseases like vasculitis, which has nearly 20 different types of conditions, Dr. Danda said, "Unfortunately, we do not know the right prevalence of the disease in India as there is no population-based study. According to facility-based studies conducted at the Christian Medical College, Vellore, vasculitis variant like Takayasu has seen 600 patients in 15 years and this is among the largest facility-based studies conducted anywhere in the world. Diseases like Takayasu, a form of vasculitis that harms the medium blood vessels, are often misdiagnosed as TB due to the similarity in symptoms such as fever and rapid weight loss."

Discussing the types of vasculitis, Dr Ramnath Misra, Head, Clinical Immunology & Rheumatology, KIMS, Bhubaneswar & Ex- Dean and Head Clinical Immunology, SGPGIMS, Lucknow said, "There are two types of vasculitis: firstly, primary vasculitis where the name of the vasculitis type depends on the size of the affected vessels. The most common types of vasculitis in this segment are Takayasu, Kawasaki, etc. The other type is known as secondary vasculitis which happens due to any existing disease in the patient. The number of patients affected by secondary vasculitis outnumbers the patients suffering from primary vasculitis."

Globally, May is observed as 'Vasculitis Awareness Month'. Recently, a number of COVID-19-infected children from Europe and North America have shown multisystem the inflammatory condition with some features similar to those of Kawasaki disease and toxic shock syndrome, prompting intensive care arrangements.

Dr Surjit Singh, Head, Department of Pediatrics and Chief, Allergy Immunology Unit, Advanced Pediatrics Centre, PGIMER, Chandigarh & Principal Investigator, ICMR Centre for Advanced Research in Primary Immunodeficiency Diseases said, "Kawasaki is a medium vessel vasculitis that is almost exclusively seen in very young children, especially infants and those below five. Though there is no known cause of the disease, Kawasaki disease may have an association with coronavirus, as Northwestern University's Kawasaki disease expert Dr. Anne Rowley suggests that serious illness and shock in children may have been caused by the mutation of the virus. Kawasaki is not a rare disease – Japan sees 13,000 new cases annually, while at PGI Chandigarh, we get about 80-100 children every year with symptoms of Kawasaki disease."

"The common symptoms of Kawasaki disease are redness in eyes, lips, tongue as well as swelling in neck, hands and feet. Early detection of the disease is the single-most effective way to prevent any further damage – it is advisable to diagnose the disease within 5-6 days, otherwise it may cause permanent damage to coronary arteries. In many cases adult heart attack patients were found to have Kawasaki disease as children that remained undiagnosed," he added.

Talking about Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV), Dr Aman Sharma, Professor, Clinical Immunology and Rheumatology, Internal Medicine, PGIMER, Chandigarh, said, "ANCA-associated vasculitis causes inflammation in small vessels and can even destroy them, damaging organs. We receive about 350-400 patients every year in PGIMER Chandigarh – vasculitis is not as rare as we think it to be."

Kamal Narayan, CEO, IHW Council, who moderated the session, said, "Though vasculitis diseases are rare, there is a high possibility that they have substantial prevalence in India, given our large pool of population. Clinicians are almost unanimous in their views that it is not possible to prevent such diseases as there is no scientific knowledge on what causes these diseases. In such a condition, early and timely diagnosis of vasculitis diseases itself is a big prevention as it can help in effective treatment and management. Following our philosophy of enabling people to live a healthy life, we found it important to make more people aware about these diseases which can help in early reporting and diagnosis."

The virtual summit on managing vasculitis and coronavirus, organized by the Integrated Health and Wellbeing (IHW) Council, was also attended by Dr Vishad Viswanath, Director, Institute of Rheumatology & Immunology Research, Thiruvananthapuram, Kerala and Dr Rohini Samant, Professor, Department of Rheumatology, Hinduja National Hospital, Mumbai.