Aim

Each week a brief report will be circulated. The aim is to share information and learning points from clinical cases with COVID-19. Initially individual cases will be described, later summary statistics and visualisations will be included. Please note these reports are intended for health professionals only and should not be distributed on social media.

Vasculitis COVID-19 cases

Reported	Died	Recovered
8	3	2

How to submit cases

A new module of the UKIVAS registry is being developed for the purposes of submitting cases. A paper version of the reporting form has been disseminated allowing cases to be submitted before the module is live and so sites not yet recruiting for UKIVAS can also share information.

Please submit cases, comments or questions to the UKIVAS COVID-19 group at: gg-uhb.vasculitis-covid@nhs.net.

Cases

We are grateful to colleagues for sharing the details of the following patients with vasculitis and C-19 infection.

Patient 5 – update from Report 2

Age / sex	58 year old female
Vasculitis diagnosis	GPA (PR3 positive) since March 2020
Disease activity	Active (new diagnosis)
Other medical history	Hypothyroidism
Previous treatment	Nil
Current treatment	Pulsed Methylprednisolone
ACEI / ARB / NSAID	Nil
Presentation	Fever, Create 102
Management	Prednisolone significantly reduced, Hydroxychloroquine started
Outcome	Discharged home
Update	Readmitted last week Hypoxic, hypotensive, still frequently pyrexial over 2 weeks after diagnosis New consolidation on CXR Ward level care for meantime Covered with ABX for possible secondary bacterial infection

Matthew Rutherford, University of Glasgow

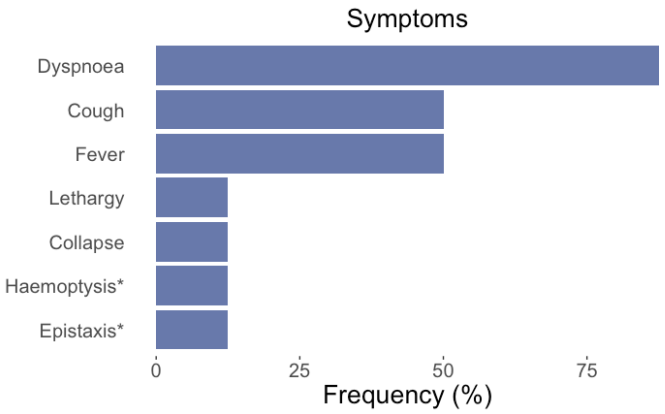
Patient 7	
Age / sex	81 year old male
Vasculitis diagnosis	PR3 AAV
Disease activity	Minimal
Other medical history	Diabetes, hypertension, ESKD (haemodialysis), connective tissue disease, localised solid tumour
Current treatment	Prednisolone 30 mg, Azathioprine
ACEI / ARB / NSAID	ACEI
Presentation	1 day history of fever, SOB, lethargy and collapse. Pyrexial, CRP 200. Unilateral consolidation.
Management	Supplemental O2, Prednisolone continued, Azathioprine stopped, ABX
Outcome	Hospitalised, has withdrawn from treatment, for end of life care

Patient 8	
Age / sex	72 year old man
Vasculitis diagnosis	PR3 AAV – lung and kidney involvement
Other medical history	CVA, hypertension
Current treatment	Annual rituximab, no steroids
ACEI / ARB / NSAID	ACEI
Presentation	1 week history of fever, productive cough and dyspnoea. Sp02 90% on air, CXR clear, Mild AKI, INR >9.5, lymphopenia, CRP 150
Management	Supplemental oxygen, ABX, on general ward
Outcome	Remains inpatient, improving on minimal oxygen

Symptom frequency

Dyspnoea was the most common presenting symptom with 7 of 8 patients (88%) presenting with this symptom. Cough and fever were the next most common symptoms both in 4 of 8 patients (50%).

*Note the individual experiencing haemoptysis and epistaxis was thought to be experiencing a possible flare of vasculitis



Discussion

Case 5 demonstrates that vasculitis patients with COVID-19 have the capacity to deteriorate despite initially showing signs of improvement, this is worthwhile considering at the point of hospital discharge – perhaps by giving patients 'worsening advice' to seek medical attention should they feel more unwell. Whether this pattern of deterioration is different to non-vasculitis patients with COVID-19 is unknown.

Case 7 had a short duration of symptoms compared to most individuals with COVID-19. This may represent variability of the illness itself or in theory could be related to other clinical factors such as end-stage kidney disease or immunosuppressed status.

The frequency of various presenting symptoms is displayed. As case numbers accrue, we will gain an insight into the pattern of presentation in this illness in vasculitis patients.