Clinical vignette

B cell depletion therapy and eosinophilic granulomatosis with polyangiitis with hepatic involvement

Hepatic involvement is unusual in eosinophilic granulomatosis with polyangiitis (eGPA). We describe a patient with hepatic involvement that responded to rituximab. A 22-year-old Caucasian woman presented with severe abdominal pain, vomiting and weight loss. Her past medical history included asthma, rhinitis and sinusitis. On examination she had a skin rash, bilateral chest wheeze and mild abdominal tenderness.

Investigations showed eosinophils of 15.39 × 10⁹ (normal range 0.1–0.5), elevated hepatic transaminases and positive ANCA antibodies (atypical pattern). Abdominal CT scan showed patchy areas of low attenuation in the liver (Fig. 1A). Her liver, intestinal and skin biopsies were consistent with eGPA.

She had a transient response to methylprednisolone and six infusions of CYC 500 mg every 2 weeks and subsequent maintenance with MTX and prednisolone.

She had a major flare within 10 months that failed to respond to CYC and methylprednisolone infusions. She was treated with rituximab infusion 1 g on two occasions 2 weeks apart. She had an excellent response and normal transaminases and a follow-up CT showed complete resolution of the hepatic lesions (Fig. 1B). She was maintained on prednisolone 10 mg/day. B cell depletion therapy with rituximab may be considered in refractory cases with eGPA [1].

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Antigoni Grigoriou¹, Alison Endean¹, Shirish R. Sangle¹ and David P. D’Cruz¹

¹Lupus Research Unit, Rayne Institute, St Thomas’ Hospital, London, UK.

Correspondence to: David P. D’Cruz, Lupus Research Unit, Rayne Institute, St Thomas’ Hospital, London SE1 7EH, UK. E-mail: david.d’cruz@kcl.ac.uk

Reference