



ASSESSMENT OF THE PROFILE OF PATIENTS WITH RHEUMATOID ARTHRITIS WHO PRESENTED THROMBOEMBOLIC EVENTS

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BACKGROUND

The chronic inflammatory state present in Rheumatoid Arthritis (RA) affects both joints and other organs and systems. Inflammatory cytokines released by the patient with RA are related to endothelial dysfunction and increase the risk of developing thromboembolic events by increasing the amount of procoagulants and the reduction of anticoagulants. Associated with the higher cardiovascular risk inherent in the patient diagnosed with RA, the occurrence of embolic phenomena generates higher morbidity and mortality.

MATERIALS AND METHODS

A retrospective cross-sectional study of patients diagnosed with RA who, during the course of the disease, developed thromboembolic events. The medical records of the patients who were followed between May and July of 2019 at the RA outpatient clinic in a tertiary hospital were reviewed. A total of 209 patients were investigated, of whom 10 were selected for analysis and data collection because they presented pulmonary thromboembolism (PTE) or deep vein thrombosis (DVT).

RESULTS

Of the total number of patients analyzed, 5% presented thromboembolic events that included DVT and / or PET. The mean age of the patients was 59.7 years, being 90% female. The disease duration was on average 14.32 years, with 90% of patients presenting positive Rheumatoid Factor (RF). It was found that thrombotic phenomena are uncommon in the first 5 years of disease, with only one being diagnosed below that period. 40% of the patients were diagnosed with DVT, 40% with PTE, and 20% had DVT and PE at the same opportunity. There was no significant difference from the disease modifying therapy used at the time - conventional synthetic (csDMARD) or immunobiological (bDMARD). A total of 50% were in use only csDMARD, 20% bDMARD alone, 20% in association and 10% symptomatic. Of the two patients undergoing biological monotherapy, both used Rituximab. In combination therapy in its entirety the biological was an anti-tumor necrosis factor antibody - Adalimumab and Golimumab. One patient was diagnosed with Secondary Antiphospholipid Antibody Syndrome during investigation after PE and DVT. There were associated comorbidities, whose the most important was Systemic Arterial Hypertension present in 50% of the cases.

CONCLUSION

It was evidenced in the selection carried out that the association of RA with thromboembolic events, both venous and arterial, had an important predominance in middle-aged individuals, female and patients with a diagnosis of RA for more than 5 years associated with RF positivity. Medication for specific treatment of RA at first showed no significant relevance.