



PREOPERATIVE CARE USING IMMUNOSUPPRESSANTS ASSOCIATED WITH CORTICOTHERAPY IN ARTERITIS

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BACKGROUND

Surgery for the treatment of arteritis, such as Takayasu's Arteritis (TA), may result in severe complications, including paravalvular regurgitation (PVR), anastomotic bleeding, and pseudoaneurysm formation. Therefore, immunosuppressants are being used to treat TA prior to surgery; showing that it may benefit the surgical outcome of patients. Another example of arteritis in which immunosuppressive therapy is being tested to reduce it is Behçet's Disease (BD) to reduce complication of the surgical process and favor a good prognosis.

MATERIALS AND METHODS

This study was a Review of Literature developed from articles found in the Pubmed database. The inclusion criteria were: publications in the last four years and in the English and Portuguese languages. As exclusion criteria: titles and summaries of low relevance on the subject. Descriptors used were preoperative, immunosuppressant and rheumatology.

RESULTS

Studies have shown that patients treated with immunosuppressants before surgery have shown good results following their disease, with a decrease in postoperative complications. In one of these studies, with a sample of 46 patients with TA, 24 of whom had corticosteroids and immunosuppressants before surgery, 34 had relieved symptoms (73.9%). Surgical treatment has effectively improved patients' symptomatology, but there is a significant difference in remission rate among those who did not use corticosteroid and / or immunosuppressive therapy during preoperative care. As for the patients with severe aortic regurgitation (AR) attached to BD, a study with 18 patients, 15 of whom underwent valve surgery, 7 of them had paravalvular extravasation around 3.5 months postoperatively. In addition, the rates of free survival of paravalvular extravasation over a 5-year period were higher in patients with preoperative immunotherapy.

CONCLUSION

In TA, a surgery is a type of systemic evaluation of patients that, nevertheless, has a series of processes that can trigger a significant increase of risks and postoperative complications. Therefore, an association of clinical procedure with the use of preoperative immunosuppressive agents and / or corticosteroids should be used, in order to control and improve the remission rate and reduce the incidence of postoperative complications. On the other hand, in severe aortic regurgitation attributable to BD, surgical treatment has high mortality and mortality rates, for example, paravalvular leakage (PVL), this is a preoperative immunosuppressive process with a cyclophosphamide along with the glucocorticoid shown effectiveness with reduction up to PVL.