



OSPEDALE POLICLINICO SAN MARTINO



Long-term immunosuppressive treatment in immune-mediated neuromuscular diseases: data of a multicentric retrospective observational study

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Introduction

The long-term use of immunosuppressive agents in immune-mediated neuromuscular diseases is currently not standardized and their utilization, in most cases, is individualized for each center and based on clinical experience.

Methods

Multicentric retrospective observational study. The patients enrolled have been treated with benefit, for at least one year, with a "classic" immunosuppressive agent.

70 patients included

- 23 CIDP and variants
- 37 Myasthenia Gravis
- 4 Inflammatory Myopathies
- 3 Vasculitis of the PNS
- 2 Multifocal Motor Neuropathies
- 1 Stiff person syndrome

Results and Discussion

Immunosuppressive drugs

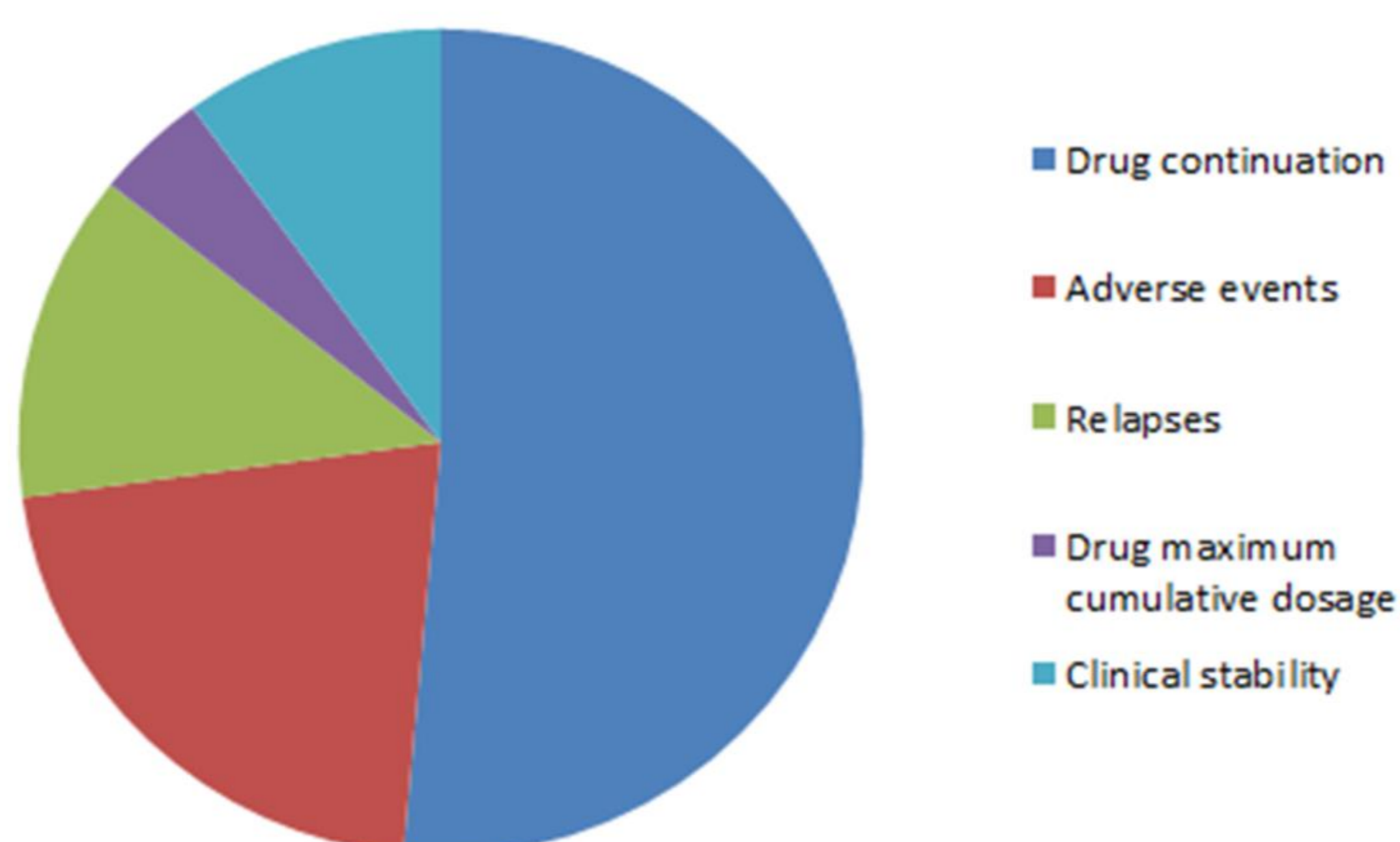
Azathioprine	64.7%
Cyclophosphamide	17.6%
Mycophenolate Mofetil	10.6%
Cyclosporine	3.5%
Methotrexate	3.5%

Continuation of drugs:

Average of treatment 5.4 years (51.4%)

Discontinuation of drugs: causes

- Adverse events (21.4%)
- Relapses (12.9%)
- Clinical stability (10%)
- Drug maximum cumulative dosage (4.3%)



Adverse events

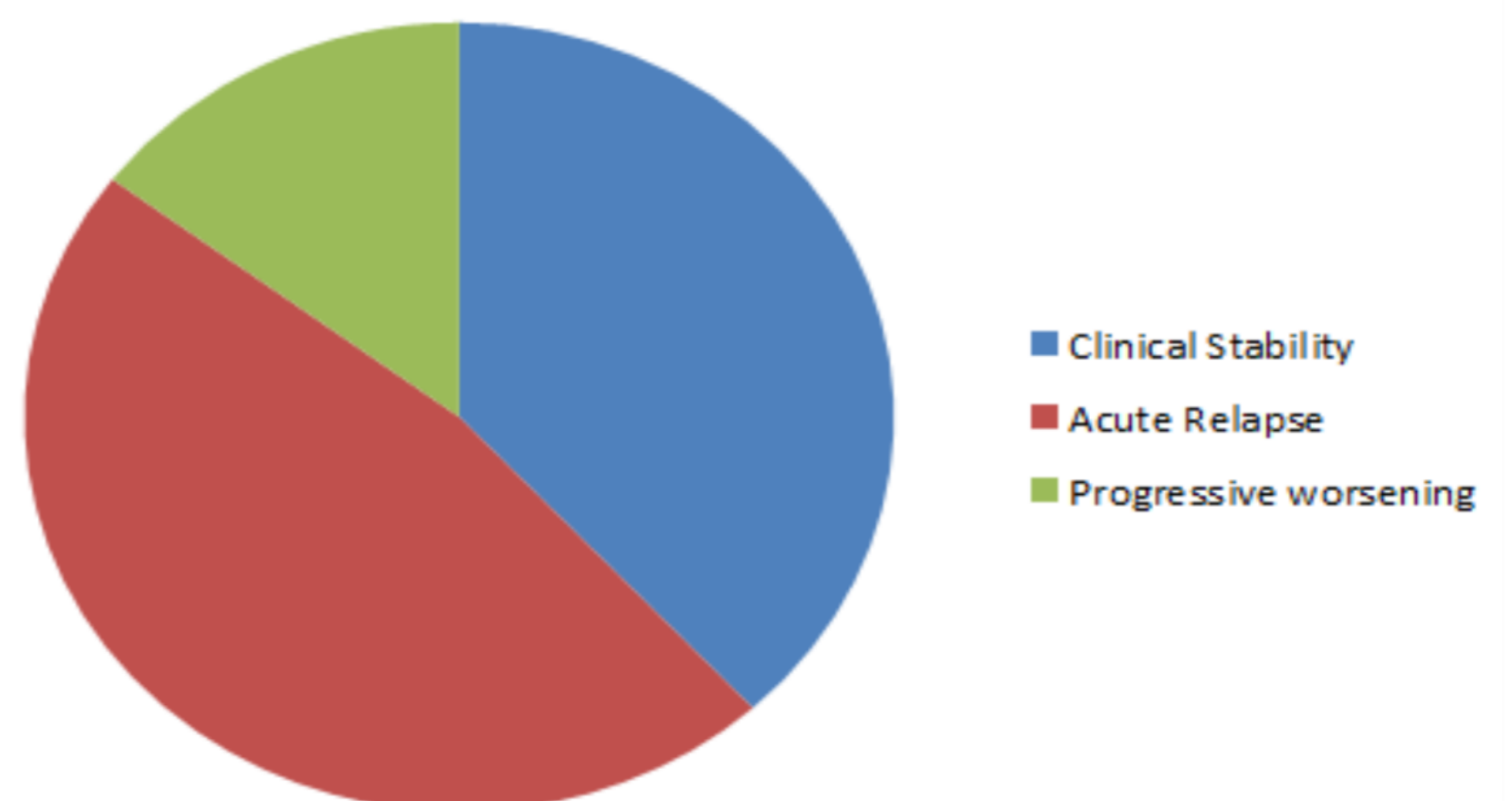
- Squamous cell skin cancer
- Lung cancer
- Urothelial cancer
- Post herpetic neuritis
- Pancytopenia
- Megaloblastic anemia



One patient died of lung cancer

Discontinuation of drugs: consequences

Acute Relapse	47,1%
Clinical stability	38,2%
Progressive worsening	14,7%



Rebound management

- Steroids
- Intravenous immunoglobulins
- Plasmapheresis
- Immunosuppressive drugs

Conclusions

The most frequently used immunosuppressive drug in immune-mediated neuromuscular diseases is Azathioprine (64,7%)

In most of cases the long-term use of immunosuppressive drugs resulted in a clinical remission, unfortunately, this not always coincides with a real remission of the disease and the discontinuation of the drug is frequently followed by clinical relapse

Further studies are necessary in order to define general recommendations about the management of these treatments