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## Treatment of Anti-Neutrophil Cytoplasmatic Antibody (ANCA)-Related Vasculitis

**Kresimir Galesic,**

Croatia (Hrvatska)

ANCA-associated vasculitis are well-known clinico-pathological group of systemic diseases comprising microscopic polyangiitis, granulomatosis with polyangiitis and eosinophilic granulomatosis with polyangiitis. This lecture shows contemporary treatment of these diseases with extensive literature review.

Stepwise treatment of ANCA-associated vasculitis is divided in induction therapy and remission maintenance therapy. Standard INDUCTION THERAPY is a combination of glucocorticoids and cyclophosphamide and plasma exchange. Studies that are more recent have shown that rituximab is as effective as cyclophosphamide for induction therapy in patients with newly diagnosed severe ANCA vasculitis and superior for patients with relapsing ANCA vasculitis. In MAINTENANCE THERAPY, combination of low-dose glucocorticoids and azathioprine or methotrexate is used. There is also accumulating evidence indicating potential role of rituximab for maintenance therapy in ANCA vasculitis. Leading immunology and nephrology associations developed treatment guidelines. Since ANCA-associated vasculitis are relatively rare diseases, there are a lot randomized controlled studies to provide high level of evidence and treatment recommendations. Avacopan, an orally selective C5a receptor inhibitor was effective in replacing high-dose glucocorticoids in treating vasculitis.

Most patients achieve remission, but relapses often occur. The main treatment considerations, apart from frequently relapsing disease, are disease refractory to treatment and potentially harmful effects of immunosuppressants, especially cyclophosphamide. Future studies are needed to determine the effects of less toxic immunosuppressants, mainly rituximab..

### Biography

Kresimir Galesic, Croatia (Hrvatska).

kresog@kbd.hr

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