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Successful treatment of steroid dependent refractory recurrent pericarditis in two adults with anti interleukin-1 antibody anakinra

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**Introduction:** Idiopathic Recurrent Pericarditis in patients unresponsive to NSAIDs, aspirin, colchicine and immunosuppressants, is a challenge. We report two cases of steroid dependent idiopathic recurrent pericarditis.

Cases: 1. 60-year-old Caucasian man had five episodes of pericarditis. ANA and anti-dsDNA were negative. Malignancy and infectious workup was negative. Initially, patient responded to prednisone 0.4 mg/kg/day. Despite adding colchicine, azathioprine and methotrexate, recurrent pericarditis developed whenever prednisone was tapered, with bursts of CRP to 50 mg/dl. Anakinra 100 mg sq daily resulted in immediate clinical response and normalization of CRP. Prednisone and methotrexate were tapered successfully.

2. 37-year-old African American man had four episodes of recurrent pericarditis. ANA was positive, and anti-dsDNA was negative. Initially, patient responded to prednisone 0.6 mg/kg/day and colchicine. Tapering steroids below 40 mg/day resulted in recurrent pericarditis. Sequential addition of hydroxychloroquine, methotrexate, mycophenolate, and azathioprine failed to prevent recurrence. Anakinra resulted in prompt resolution of symptoms, normalization of acute phase reactants and allowed successful tapering of steroids.

**Discussion:** Idiopathic recurrent pericarditis, which requires chronic steroid therapy should be treated by adding another immunosuppressant like azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, cyclosporine or mycophenolate mofetil.

Anakinra has demonstrated success in treating autoinflammatory and autoimmune diseases, Familial Mediterranean fever, TNF receptor associated periodic syndrome(TRAPS), rheumatoid arthritis and in patients with TRAPS mutation TNFRSF1A. This represented the possibility to dampen inflammation with the selective blockade of interleukin-1. Using this rationale, we treated our patients. We suggest anakinra for the treatment of recurrent pericarditis, in steroid dependent patients, refractory to therapy.

## **Biography**

Purva Sunil Chhibar, MD graduated from medical school in India at the age of 24 years. She served as a Visiting Physician and Research Assistant at the University of Southern California, Los Angeles, for three years before she started her residency training in Internal Medicine at Brookdale University Hospital Medical Center, NY. She passed her USMLE exams in the 99th percentile. At her residency program she took the initiative to organize the First Annual Research Day. She won the first prize at the Oral Presentation Competition at the 8th Annual Symposium for Gender Differences in Cardiovascular Diseases. She will be chief resident starting July, 1, 2015 at Brookdale Hospital.

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