

ANALYSIS OF EARLY DEATH BASED ON A PREDICTION MODEL IN WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT

K. Zycinska, K. A. Wardyn, and P. Tysko

Systemic Vasculitis Outpatient Clinic, Department of Family Medicine, Internal and Metabolic Diseases, Warsaw Medical University, Warszawa, Poland; kzycinska@poczta.fm

The prognosis for patients with Wegener's granulomatosis - a systemic vasculitis the most often involving respiratory tract and kidney, has improved considerably over the last three decades. Assessment of early death was based on prediction model in a population based cohort of patients with Wegener's granulomatosis with renal involvement. A prospective cohort study including 60 patients - median age of 42 years (35-58). The early death risk was 16 times higher ($P < 0.02$) in dialyzed patients. The early death risk was 15 times higher ($P < 0.05$) in patients with cough symptom. Shorter duration of disease at the admission to hospital corresponded with higher risk of early death (1.3 times early death risk increase per month, $P < 0.16$). Low hemoglobin concentration corresponded with 1.7 times higher risk of early death ($P < 0.21$). Predictors of early death: disease duration, hemoglobin concentration, necessity of dialyses and occurrence of cough. Simultaneous kidney and respiratory tract involvement is associated with the highest early death risk.