**Introduction**

- The Rheumatic Diseases Portuguese Register, Reuma.pt, was created in June 2008. By December 2013 over 10,000 patients had been inserted and approximately 60,000 visits had been registered by 54 different centres, including 2 from Brazil.
- Reuma.pt still continues to expand and at the present includes specific protocols for seven different groups of rheumatic diseases.
- In 2012 a vasculitis outpatient clinic was created in Hospital de Santa Maria, Lisbon Academic Medical Centre, and with it a need to improve the register of this subtype of rheumatic patients. At the Nuffield Orthopaedic Centre in Oxford, a British centre with a special interest on systemic vasculitis, there was also a lack of electronic medical tools to specifically register patients with this condition.
- Being vasculitis a group of relatively uncommon and complex diseases, the use of a dedicated electronic clinical record will improve its monitoring and clinical care, while simultaneously increasing the knowledge of this field of Rheumatology.

*Our aim is to describe the structure and functioning of the recent created Reuma.pt/Vasculitis.*

**Methods**

Through a collaboration between Sociedade Portuguesa de Reumatología and the Nuffield Orthopaedic Centre (Prof. Luqmani), specific classification and assessment tools for patients with vasculitis were included in Reuma.pt/Vasculitis.

**Results**

**Classification Criteria**

### Chapel Hill 2012 nomenclature

- Large vessel vasculitis
- Medium vessel vasculitis
- ANCA-associated small vessel vasculitis
- Immune complex small vessel vasculitis
- Variable vessel vasculitis
- Single organ vasculitis
- Vasculitis associated with systemic disease
- Vasculitis associated with probable etiology

**ACR 1990 classification criteria**

- Giant cell arteritis
- Takayasu arteritis
- Polyarteritis nodosa
- Kawasaki disease
- Granulomatosis with polyangiitis (Wegener’s)
- Eosinophilic granulomatosis with polyangiitis (Churg Strauss)
- Henoch-Schönlein purpura

**Others**

- Lanham 1984 criteria for Eosinophilic Granulomatosis with Polyangiitis (Churg Strauss)
- International Study Group diagnostic criteria 1990 for Behcet’s disease

**Five Factor Score**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
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<tbody>
<tr>
<td>BVAS</td>
<td>Yes</td>
</tr>
<tr>
<td>VDI</td>
<td>No</td>
</tr>
<tr>
<td>SP33</td>
<td>Yes</td>
</tr>
<tr>
<td>EOCS</td>
<td>No</td>
</tr>
<tr>
<td>FACIT</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Cardiovascular risk**

- Applicable to newly diagnosed patients with Wegener’s Granulomatosis or Microscopic Polyangiitis

**General clinical data**

- Vasculitis
  - Onset of symptoms
  - Diagnosis date
  - Rheumatologist
- Smoking
- Alcohol consumption
- Specific medications (known to be associated with vasculitis)
- Other drugs

**Immunology**

- c-ANCA on immunofluorescence
- p-ANCA on immunofluorescence
- PR3-ANCA (ELISA)
- MPO-ANCA (ELISA)
- Other ANCA
- Please specify
- Anti-GBM antibodies
- Cryoglobulins Type II (monoclonal immunoglobulin)
- Cryoglobulins Type III (monoclonal RF and polyclonal IgG)
- Cryoglobulins Type IIIB (polyclonal RF and polyclonal IgG)

**Disease Activity**

- BVAS: Assessment of disease activity
- VDI: Assessment of damage
- SF-36: Assessment of health related quality of life
- EQ5D: General
- FACIT: General

**Disease Evolution**

- The final graphics and charts include:
  - GFR
  - CRP (mg/L)
  - BVAS
  - VDI

**Discussion and Conclusion**

- This Reuma.pt/Vasculitis protocol has the potential to serve as an efficient daily tool for patients’ follow-up and data collection. It was done in collaboration with an international referral centre highlighting the exponential growth and global recognition of Reuma.pt.
- In the context of this project the translation of Reuma.pt into the English language has also been started, making it more available for future research projects and international.

**REFERENCES**