AB0580 CLINICAL CHARACTERISTICS AND RISK FACTORS OF BEHCET'S PATIENTS WITH CONDUCTION DISTURBANCES-DATA FROM A CARDIOVASCULAR CLINICAL CENTER IN CHINA

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Background: Behcet's disease is a kind of systemic vasculitis affecting multiple systems. Although symptomatic cardiac involvement in Behcet's disease is uncommon, the fatality rate may reach up to 29%. Conduction disturbances might lead to poor outcome and often need permanent pacemaker implanted. The characteristics of conduction disturbances in Behcet's disease were rarely reported before.
Objectives: To investigate the clinical characteristics of Behcet's patients with conduction disturbances and explore the underlying risk factors.
Methods: We reviewed 57 medical records of Behcet's disease with cardiovascular lesions in Anzhen Hospital, Capital Medical University between January 2002 and July 2015, and analyzed the clinical characteristics.
Results: (1) There were 13 patients with conduction disturbances out of a total of 57 Behcet's disease cases (22.8%) in our research: three patients with first-degree atrioventricular block; one patient with Mobtizs type I second- degree atrioventricular block; four patients with third-degree atrioventricular block; one patient with the left anterior branch block; one patient with complete right bundle branch block; three patients with first-degree atrioventricular block combined with the left anterior branch block or complete right bundle branch block. One patient (7.7%) died from infectious endocarditis and aortic root abscess during hospital stay.
(2) Hemoglobin level was significantly lower in cases than controls (111.23±23.06 vs. 127.16±19.86 g/L, P=0.017); The median of albumin level in cases was higher than controls [34.5 (14.2) vs. 38.5 (9.9) g/L, P=0.032] (Table 1); C reactive protein level was higher in cases than controls [26.12 (21.3) vs. 6.7 (16.4) mg/L, P=0.045] (Table 1).
(3) The aortic valvular insufficiency presented more frequently in patients in the case group than the control group (92.3% vs. 47.7%, respectively; P=0.004).Heart reconstruction can be seen in Behcet'patients with cardiac involvement. The echocardiography showed the following parameters were significantly different between two groups: left ventricular end-diastolic diameter (64.85±10.96 vs. 52.55±10.13 mm, P=0.001); left ventricular end-contraction diameter [48 (15) vs. 31 (13) mm, P=0.001]; left atrial diameter [50 (17) vs. 35.85 (13) mm, P=0.003]; outflow tract of right ventricle [26 (7) vs. 27 (6) mm, P=0.045]
(4) Aortic valvular insufficiency was an independent risk factor for Behcet's disease with conduction disturbances (OR =1.157, 95% CI 1.034, 1.293, P=0.011).
Conclusions: Behcet's disease is one of the unusual etiologies of atrioventricular block. The evaluation of conduction disturbance should be kept in mind when diagnosing BD's patient.
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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1240

AB0581 TWO YEARS EXISTENCE OF REUMA.PT/VASCULITIS – THE PORTUGUESE REGISTRY OF VASCULITIS

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Background: The vasculitides are a group of relatively rare diseases with different manifestations and outcomes. New therapeutic options have led to the need for long-term registries. The Rheumatic Diseases Portuguese Register, Reuma.pt, is an electronic clinical record, created in 2008, which currently includes specific protocols for 11 diseases and >16000 patients registered from 79 national and international rheumatology centres. Since October 2014, a dedicated protocol to vasculitis has been created as part of the European Vasculitis Society initiative of having compatible European registries.
Objectives: To describe the structure of Reuma.pt/Vasculitis and characterize the patients registered over the last two years.
Methods: We developed a dedicated web-based software to enable prospective collection and central storage of anonymised data from patients with vasculitis. All Portuguese rheumatology centres were invited to participate. Data regarding demographics, diagnosis, classification criteria, imaging and laboratory tests, outcome measures of prognosis, damage, disease activity and quality of life, and treatment were collected. We performed a cross-sectional descriptive analysis of all patients registered up to January 2017.
Results: A total of 492 patients, with 1114 visits, from 11 centres were registered in Reuma.pt/Vasculitis. The mean age was 53±20 years at last visit; 68% were females. The diagnoses followed the 2012 Chapel Hill Consensus nomenclature (Table 1). The most common diagnoses were Behçet's disease (BD) (39%) and giant cell arteritis (GCA) (20%). Patients with BD met the International Study Group 1990 criteria, the International Criteria for BD 2006 and 2013 in 84%, 95% and 95% of cases, respectively. Patients with GCA met the 1990 American College of Rheumatology criteria in 95% of cases. Data on vascular ultrasound was available in 74% of patients; 73% compatible with the diagnosis. Assessment of the Birmingham Vasculitis Activity Score (BVAS) and Vasculitis Damage Index (VDI) was available for all vasculitides and the Five Factor Score calculation of survival rate for ANCA associated vasculitis (AAV) and polyarteritis nodosa (PAN). The mean BVAS at first visit was 18±7 for AAV and 15±9 for PAN; the mean VDI at last visit was 3±2 for AAV and 2±2 for PAN. Health related quality of life assessments (SF-36, EQD5, FACIT and HADS) were also collected. Treatment registry with the disease assessment variables shown in graphics was available for all patients; only 6% were under biologic treatment.

Table 1. Diagnosis, demographics and organ involvement of the vasculitis patients registered in Reuma.pt/Vasculitis.

		Total	TAK	GCA	PAN	MPA	GPA	EGPA	CV	IgAV	BD	CS
Demographics	Number of patients (% of total)	492 (100)	19 (3.8)	99 (20.1)	22 (4.4)	13 (2.6)	31 (6.3)	22 (4.4)	14 (2.8)	11 (2.2)	191 (38.8)	12 (2.4)
	Female/male ratio	2.2	8.5	1.7	1.2	2.3	1.1	2.7	2.8	0.6	2.8	1.4
	Mean age at diagnosis in years (SD)	44.3 (22.9)	31.4 (11.8)	73.7 (7.9)	38.1 (20.9)	60.1 (15.8)	49.1 (11.6)	47.1 (16.3)	53.2 (12.2)	30.0 (19.6)	27.6 (13.4)	28.4 (11.6)
Organ involvement	Generalsymptoms	35%	75%	54%	56%	71%	73%	57%	50%	29%	14%	44%
	Musculoskeletal	53%	43%	55%	67%	71%	76%	57%	75%	63%	50%	44%
	Skin	55%	0%	2%	78%	17%	40%	69%	57%	88%	76%	33%
	Eyes	41%	14%	47%	25%	17%	41%	14%	13%	0%	48%	100%
	ENT	25%	0%	48%	13%	33%	90%	71%	0%	0%	1%	100%
	Chest / pulmonary	13%	0%	0%	38%	43%	61%	100%	0%	0%	4%	11%
	Cardiovascular	42%	90%	87%	63%	33%	13%	31%	13%	0%	23%	0%
	Gastrointestinal	60%	13%	5%	43%	17%	13%	17%	25%	75%	98%	88%
	Genitourinary	55%	44%	6%	33%	71%	69%	29%	0%	63%	83%	17%
	Neurologic	48%	71%	90%	55%	50%	47%	81%	50%	0%	25%	33%

The patients with single-organ vasculitis, vasculitis associated with systemic disease, vasculitis associated with probable etiology, not-classifiable vasculitis or missing diagnosis are excluded.
BD – Behçet's disease; CS – Cogan syndrome; CV – cryoglobulinemic vasculitis; EGPA – eosinophilic granulomatosis with polyangiitis; ENT – ear nose and throat; GCA – giant cell arteritis; GPA – granulomatosis with polyangiitis; IgAV – immunoglobulin A vasculitis; MPA – microscopic polyangiitis; PAN – polyarteritis nodosa; SD– standard deviation; TAK – Takayasu arteritis

Conclusions: Reuma.pt/Vasculitis is a registry adapted for routine care, allowing an efficient data repository at a national level with the potential to link with other international databases. It facilitates research, trials recruitment, service planning and benchmarking.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1815

AB0582 ATHEROSCLEROTIC RISK FACTORS AND UPPER RESPIRATORY INFLAMMATIONS OF MPO-ANCA POSITIVE ANCA ASSOCIATED VASCULITIS

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Background: Recent studies had proven that the genetic backgrounds of ANCA associated vasculitis (AAV) were dependent on ANCAs. We and other groups had shown the differences between MPO-ANCA positive Granulomatosis with polyangitis (MPO-GPA) and Microscopic polyangitis (MPA) (1–3). It is not clear what determine these two phenotypes.
Objectives: To elucidate the etiologies of two phenotypes, we compared the backgrounds and comorbidities between MPO-GPA and MPA.
Methods: Retrospectively we recruited MPO-GPA and MPA patients through the two multi-center cohorts (Cohort A: 2001–2012, Cohort B: 2012–2016). We classified patients with EMEA classification and ANCA. We found 40 MPO-GPA and 126 MPA cases without overlaps. We compared those backgrounds, comorbidities, organ involvements and outcomes.
Results: The average age of MPO-GPA group was similar to that of MPA (69.1 years old vs 72.1 years old). But MPO-GPA preferentially affected female patients (80.0% vs 52.8%) with lower creatinine levels (1.03mg/dl vs 2.7mg/dl). Two year survivals of MPO-GPA were significantly better than MPA (95.8% vs 73.2%, p=0.0424). Interestingly MPO-GPA patients had less atherosclerotic risk

factors, i.e. smoking history (6.3% vs 38.4%), hypertension (10.4% vs 30.5%) and diabetes (12.5% vs 17.9%). Instead these patients had more upper respiratory inflammations (chronic sinusitis, chronic otitis media and allergic rhinitis, 33.3% vs 6.6%) before the disease onset.

Conclusions: We found that MPA had more atherosclerotic risk factors, and MPO-GPA had more upper respiratory inflammations. These factors may determine MPA or GPA phenotypes in MPO-ANCA positive AAV.

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Acknowledgements: We gratefully acknowledge the work of people who helped to correct patients data.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2839

AB0583 DIFFERENCES BETWEEN ISOLATED AORTITIS AND NON-INFECTIOUS AORTITIS SECONDARY TO OTHER ENTITIES. STUDY OF 93 PATIENTS FROM A SINGLE CENTER

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Background: Non-infectious aortitis is an inflammation of aortic wall which may be isolated or associated with a cluster of diseases.

Objectives: Our aim was to compare the clinical and laboratory findings of patients with isolated aortitis and patients with aortitis secondary to other underlying conditions.

Methods: Retrospective study of 93 patients with non-infectious aortitis diagnosed by PET/CT scan from a referral center from January 2010 to December 2016. We have considered two groups: *group a)* isolated aortitis; and *group b)* secondary aortitis. Distributions of *categorical variables were* compared by the Pearson Chi^2 or Fisher exact test. Quantitative variables were analyzing using the Student t test or Mann-Whitney U test as appropriate.

Results: Ninety-three patients were diagnosed with non-infectious aortitis. One patient was excluded due to missing data. Group a) was composed by 54 patients (34 women/ 20 men) with a mean age of 67±11 years; group b) comprised 38 patients (28 women/ 10 men) with a mean age of 68±11 years. In this group, the underlying conditions we found were: giant cell arteritis (n=24), Takayasu arteritis (n=3), spondiloarthropathy (n=3), Sjögren's syndrome (n=3), ulcerative colitis (n=2), sarcoidosis (n=1), rheumatoid arthritis (n=1), polyarteritis nodosa (n=1). The comparative study between both groups is shown in the TABLE. Only inflammatory low back pain and polymyalgic syndrome yielded statistical signification.

Variables	Group a (isolated aortitis) n= 54	Group b (secondary aortitis) n= 38	p
Age (years), *mean±SD*	67.2 ± 11.1	68.0 ± 11.2	0.73
Age ≥ 70 years, *n (%)*	21 (38.9)	18 (47.4)	0.42
Sex *(M/W), n*	20/34	10/28	0.28
Time from symptoms onset to PET date, *median [IQR]*	12.5 [3-36]	19.5 [6-75.5]	0.29
Symptoms at the time of requesting PET			
- Constitutional symptoms, *n (%)*	15 (27.8)	14 (36.8)	0.24
- Fever, *n (%)*	7 (13.0)	11 (28.9)	0.06
- Inflammatory low back pain, *n (%)*	23 (42.6)	7 (18.4)	**0.015**
- Lower limb pain, *n (%)*	29 (53.7)	13 (34.2)	0.07
- Polymyalgic syndrome, *n (%)*	40 (74.1)	18 (47.4)	**0.016**
- Headache, *n (%)*	7 (13.0)	11 (28.9)	0.06
Laboratory values at the time of requesting PET			
- Anaemia, *n (%)*	8 (14.8)	10 (26.3)	0.16
- ESR (mm/1sth), *mean±SD*	44.7 ± 31.6	42.1 ± 38.3	0.42
- CRP (mg/dl), *median [IQR]*	0.9 [0.6-2.3]	0.9 [0.2-2.6]	0.76
Treatment at the time of requesting PET			
- Patients on corticosteroids, *n (%)*	25 (46.3)	23 (60.5)	0.18
- Prednisone dose (mg), *median [IQR]*	10 [5-10]	10 [7.5-16.9]	0.05
- Patients on traditional IS agents, *n (%)*	4 (7.4)	7 (18.4)	0.11

Conclusions: In this study, we observed that both the presence of inflammatory low back pain and polymyalgic syndrome might have clinical relevance in the clinical suspicion of primary aortitis. However, larger studies are needed to corroborate these findings.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3233

AB0584 UTILITY OF PET/CT SCAN FOR THE DIAGNOSIS OF AORTITIS. A STUDY OF 170 PATIENTS FROM A SINGLE CENTER IN A 6-YEAR PERIOD

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Background: Aortitis is the inflammation of the aortic wall. This entity is often under-recognised due to its frequent presentation with non-specific symptoms. PET/CT scan represent a major breakthrough to establish an early diagnosis, but this is an expensive technique.

Objectives: Our aim was to compare the baseline characteristics of patients with a suspicion of aortitis and positive results on PET/CT scan, and those with a negative result, in order to search for predictive factors, that improve the clinical probability of diagnosis aortitis by this imaging technique.

Methods: Retrospective study on 170 patients and PET/CT scans ordered by suspicion of aortitis from a referral center from January 2010 to December 2016. According to a pre-specified protocol, the baseline epidemiological and clinical variables of patients with positive and negative PET/CT scans results for aortitis were reviewed. Distributions of *categorical variables were* compared by the Pearson Chi^2 or Fisher exact test. Quantitative variables were analyzing using the Student t test or Mann-Whitney U test as appropriate.

Results: In 170 patients, PET/CT scans were performed due to clinical suspicion of aortitis, and were positive in 93 (54.7%) cases. Patients (113 women/57 men) had a mean age of 67.7±13.1 years (range, 20–90 years). One patient was excluded because missing clinical or laboratory data.

The underlying diseases at the moment of ordering the PET/CT scan were: giant cell arteritis (GCA) (n=28), spondiloarthropaties (n=7), conectivopaties (n=6), Takayasu arteritis (n=3), ulcerative colitis (n=3), other condition (n=11). The remaining 111 patients did not have any underlying condition suggestive of aortitis. Two out of 170 patients suspected an infectious aortitis (*Brucella* and *Salmonella*); however, PET/CT was negative in both cases.

Characteristics of patients with positive and negative PET/CT scans were summarized in the Table. Patients with GCA had a higher percentage of positive PET/CT scans, whereas they were negative more frequently in patients who did not have any condition suggestive of underlying aortitis. Only inflammatory low back pain and polymyalgic syndrome were significantly more frequent in patients with positive PET/CT scans. The remaining clinical and laboratory variables did not show differences between both groups.

TABLE

	Positive PET n= 92	Negative PET n= 77	p
Age (years), mean±SD	67.4± 11.1	68.1±15.2	0.73
Age ≥ 70 years, n (%)	39 (41.9)	41 (53.2)	0.14
Sex (women), n (%)	62 (67.4)	54 (70.1)	0.63
Underlying condition			
- *Giant cell arteritis, n (%)*	24 (26.1)	4 (5.2)	**0.0002**
- *Takayasu arteritis, n (%)*	3 (3.3)	0 (0)	0.31
- *Ulcerative colitis, n (%)*	2 (2.2)	1 (1.3)	0.87
- *Conectivopaties, n (%)*	3 (3.3)	3 (3.9)	0.86
- *Spondiloarthropaties, n (%)*	3 (3.3)	4 (5.2)	0.79
- *None, n (%)*	54 (58.7)	57 (74.0)	**0.03**
- *Other, n (%)*	3 (3.3)	8 (10.4)	0.11
Symptoms at the time of requesting PET			
- *Constitutional syndrome, n (%)*	30 (32.6)	36 (46.8)	0.06
- *Fever, n (%)*	18 (19.6)	15 (19.5)	0.98
- *Inflammatory low back pain, n (%)*	30 (32.6)	14 (18.2)	**0.03**
- *Diffuse lower limbs pain, n (%)*	42 (45.7)	28 (36.4)	0.22
- *Atypical polymyalgia rheumatica, n (%)*	30 (53.6)	13 (38.2)	0.15
- *Headache, n (%)*	18 (19.6)	9 (11.7)	0.16
- *Polymialgic syndrome, n (%)*	56 (60.9)	34 (44.2)	**0.03**
Laboratory markers at the time of requesting PET			
- *Anaemia, n (%)*	18 (20.2)	22 (28.9)	0.19
- *ESR (mm/1sth), mean±SD*	43.3±34.3	43.5±31.1	0.72
- *CRP (mg/dl), median [IQR]*	0.9 [0.3-2.6]	0.9 [0.3-2.5]	0.54
Treatment at the time of requesting PET			
- *Patients with corticosteroids, n (%)*	48 (51.6)	36 (46.8)	0.48
- *Dosage of prednisone (mg), median [IQR]*	10 [5-15]	10 [7.5-15]	0.80
- *Patients with traditional immunosuppressants, n (%)*	11 (12.0)	5 (6.5)	0.21

Conclusions: In this study, we have found that the presence of inflammatory low back pain and polymyalgic syndrome, especially in GCA patients, may have clinical relevance in ordering a PET/CT scan when aortitis was suspected.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3368

AB0585 VASCULITIS DAMAGE INDEX IN LIMITED AND SYSTEMIC GRANULOMATOSIS WITH POLIANGIITIS IN MEXICAN PATIENTS

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Background: Granulomatosis with polyangiitis (GPA) has been transformed