that underwent AVR, post-surgical events were observed in 8 (73%) cases. Out of the 12 bARR cases (xenograft in 5 cases and homograft in 7 cases), 9 (75%) cases had post-surgical adverse events. Out of the 12 cARR cases, post-surgical adverse events occurred in 4 (33%) cases. Multivariable cox proportional hazards model indicated that levels of CRP at 1 month after discharge and age at operation were independent prognostic factors associated with event-free probability. Notably, performing cARR was the most significant factor that affected the surgical outcome (HR (95% CI) 0.147 (0.028 – 0.766), p=0.023).

Conclusions: In BD patients with severe AR, the occurrence rate of post-surgical adverse events was associated with the levels of CRP at 1 month after discharge, age at operation, and type of surgery. cARR may be a better surgical option in BD patients with aortic root involvement

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FRI0317 HUMORAL AND CELLULAR IMMUNITY TO VARICELLA-ZOSTER VIRUS IN GIANT CELL ARTERITIS PATIENTS: NO EVIDENCE OF VIRAL REACTIVATION AT ONSET OF DISEASE

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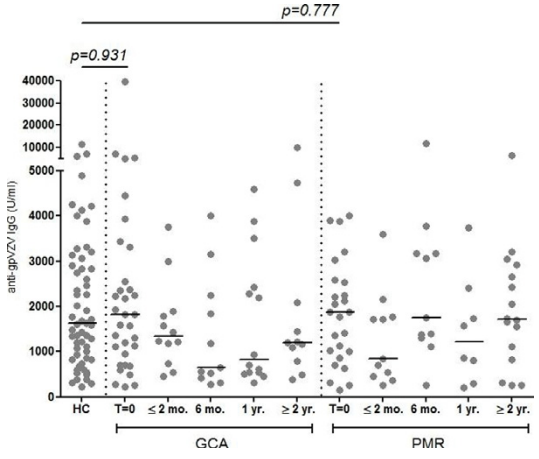
Background: Giant cell arteritis (GCA) and polymyalgia rheumatica (PMR) are strongly overlapping diseases that are thought to have a shared etiology [1]. The observation of varicella-zoster virus (VZV) antigen in temporal artery biopsies of GCA patients led to the hypothesis that VZV might be a trigger for the onset of the disease [2]. Herpes zoster occurs when the latently present VZV reactivates. It has been reported that patients with GCA do not appear to be at increased risk of herpes zoster compared with age and sex matched controls, even during treatment with high dose glucocorticoids [3]. Levels of VZV specific immunoglobulin G (VZV-IgG) are known to only slowly decline again after a reactivation [4]. We therefore hypothesized, in line with the proposed etiologic role, to find higher VZV-IgG levels in GCA and PMR patients at disease onset, compared to healthy controls. Furthermore, we expected to find no differences in cell-mediated immunity to the virus between patients and controls assuming that the incidence of herpes zoster is not increased in GCA.

Objectives: To investigate humoral and cellular immunity to VZV in GCA and PMR patients and compare these to results in age-and sex matched healthy controls.

Methods: Antibody responses to VZV glycoprotein were measured in serum samples of 35 GCA patients and 26 PMR patients at baseline (before glucocorticoid treatment) and during follow up, and in 58 healthy controls by an enzyme-linked immunosorbent assay (ELISA). Cell-mediated immunity to VZV was determined by performing interferon-γ (IFNγ) enzyme-linked immunosorbent spot (ELISpot) and intracellular cytokine flow cytometry measurements in 11 GCA patients and 15 PMR patients, and in 26 age and sex matched healthy controls.

Results: Similar levels of VZV-IgG were found in GCA and PMR patients at baseline, and healthy controls. The number of VZV specific IFNγ spot-forming cells was significantly lower in GCA patients than in healthy controls (p=0.029), but not different in PMR patients compared to healthy controls.



Conclusions: Since antibody levels at baseline were not different in GCA and PMR patients compared to healthy controls it seems unlikely that VZV has an important role in the aetiology of GCA or PMR. The finding of a decreased cell-mediated immunity in GCA patients, especially after treatment with high dose corticosteroids may indicate an increased risk of developing herpes zoster.

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FRI0318 QUALITY OF LIFE IN PATIENTS WITH BEHCET'S DISEASE

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Background: Behcet's disease (BD) is a chronic and multisystemic inflammatory disorder affecting the skin, mucosa, joints, eyes, arteries, veins and the nervous and gastrointestinal systems. The symptoms may be separated by long or short intervals, occur simultaneously or in sequence, and exhibit a pattern of exacerbation and remission. The disease itself or the impact of the symptoms affect patients physically, mentally and socially with a negative effect in the quality of life (QoL).

Objectives: To determine the health status and quality of life in patients with BD followed in a rheumatology unit and to identify associated demographic and disease-related parameters influencing them.

Methods: Cross-sectional study of 44 BD patients and 39 healthy controls matched for age and sex. All subjects completed the Health Assessment Questionnaire (HAQ) to assess impairment in daily activities due to illness, Short Form-36 (SF-36) and EuroQol Visual Analogic Scale (EQ-VAS) to assess health related quality of life (HRQL). The disease characteristics, including disease duration and clinical involvements were collected. The Birmingham Vasculitis Activity Score (BVAS) was applied for the evaluation of current disease activity among BD patients. P value <0.05 was defined as statistically significant.

Results: Among 44 patients, 35 (79.5%) were female, with a mean age of 40.07 years and mean disease duration of 5.93 years. BD patients had significantly higher HAQ score (p=0.009) and lower levels of SF-36 ($p<0.001$) than the healthy controls. The predominant contributors to this low SF-36 were general health, vitality and role-emotional domains. In comparison with healthy controls, patients with inactive disease (BVAS=0) also had a higher HAQ, but without significant differences (p=0.53). The total SF-36 score also showed lower levels in patients with inactive disease (p=0.04), but when compared the different components, only half of them maintained significant differences, namely role-physical (p=0.03), general health ($p<0.001$), vitality ($p<0,001$) and social functioning (p=0.05). The controls showed a higher EQ-VAS, with a mean of 88.44 comparing to 68.36 in all BD patients ($p<0.001$) and 74.12 in the subgroup with inactive disease (p=0.003). SF-36 score was negatively correlated with HAQ (r=-,553, $p<0.001$) and positively correlated with EQ-VAS (r=.388, $p<0.001$). Longer disease duration correlated with lower levels of only some SF-36 domains, namely physical functioning (r=-.436, p=0.003), role-physical (r=-.533, $p<0.001$) and role-emotional (r=-.465, p=0.001). There was no correlation between disease activity and disease duration (p=0.678) or different scores evaluating QoL (p=0.876). The gender was not associated with statistical differences when compared clinical involvements, disease duration, current disease activity, HAQ, EQ-VAS or SF-36 scores. The heterogeneous nature of the disease expression did not allow the study of the association with the levels of health status and QoL.

Conclusions: Our findings showed lower levels of QoL and global health status in BD compared to healthy controls, mainly in active disease, accordingly with previous studies. The disease itself could be a determinant of disability.

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