Conclusion Giant cell arteritis should be considered in the differential diagnosis of patients with ocular manifestations. Prompt diagnosis and treatment are required if second eye involvement and blindness are to be prevented.

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AB0089 BEHCET'S DISEASE IN AN ARAB COMMUNITY IN ISRAEL

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Background The prevalence of Behcet's disease (BD) varies in different parts of the world.

Objectives To evaluate the prevalence of BD in an Israeli Arab town (Taibe).

Methods Questionnaires about the occurrence and frequency of aphthous ulcers were distributed randomly to the parents of children attending a Paediatric Clinic in Taibe. The parents were asked whether they or any of their children aged over 10 years suffered from recurrent aphthous stomatitis (RAS), and if so, any who had had more than four episodes during the previous year where each episode had lasted for more than 7 days were invited to come for an extensive interview and examination by a rheumatologist or a paediatrician.

Results Overall, six individuals (one male and five females) were diagnosed as suffering from BD. All of these, two of whom were siblings (a brother and a sister) had RAS, genital ulcers and joint manifestations. Five had skin and four had visual involvement, and one out of two had a positive pathergy test. Five of the six carried HLA-B5 antigens. This gave a prevalence in Taibe of 12/10,000.

Conclusion The prevalence of BD found in our survey is high and concurs with that found in other Mediterranean and Asian countries where a high prevalence has also been noted.

AB0090 IS THERE ANY ROLE OF ANTI-ANNEXIN V AUTOANTIBODIES IN THE THROMBOTIC EVENTS OF BEHCET'S SYNDROME

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Background Is there a role for anti-phospholipid-binding protein antibodies in the pathogenesis of thrombosis in Behcet's disease?

Objectives We have proposed that thrombosis in the Behcet's syndrome may be due to the disruption of the annexin-V shield by antiphospholipid antibodies. Measurement of anti-annexin V antibodies may be of value in confirming the diagnosis and in evaluating risk of venous and arterial thrombosis in patients with Behcet's syndrome.

Methods In group one 26 patients with Behcet's with well documented thrombosis, in group two 27 patients with Behcet's without thrombosis and in group three 27 healthy controls are included in the study. Sera were examined for both IgG and IgM anti-annexin V antibodies by ELISA. (American Diagnostica, IMUCLONE® Anti-Annexin V, IgG and 1 gM (#652G and #652M)).

Results Quantitative ELISA test results were used for statistical purpose. Statistical analysis was done with using Oneway Anova tests under the SPSS 9.0 for Windows software package. There were no statistical difference between groups for both IgM and IgG anti-annexin V antibody ELISA test results. Results were as follows:

Abstract AB0090 Table 1

	Numbers	IgM (+)	IgM (Grey Zone)	IgM (-)	IgG (+)	IgG (Grey Zone)	IgG (-)
Group 1	26	3	12	11	8	9	9
Group 2	27	2	10	15	5	12	10
Group 3	27	1	12	14	5	8	14
Total	80	6	34	40	18	29	33

Conclusion These results indicated that these antibodies may not be associated with the pathogenesis of thrombotic events of the patients with Behcet's syndrome.

IgG anti-annexin V antibodies were detected in 5 of 27 healthy subjects (18%).

Compare to previous study results this may indicate the possibility of high prevalence of IgG anti-annexin V antibodies in the healthy Turkish population.

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AB0091 PULMONARY TAKAYASU'S ARTERITIS MIMICKING ACUTE PULMONARY EMBOLISM

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Background Pulmonary Takayasu's arteritis may sometimes be the initial presentation of Takayasu's arteritis. Cases of pulmonary TA mimicking chronic thromboembolism have been reported.^{1–4} However, only two brief reports of Takayasu's arteritis mimicking acute pulmonary embolism have been described in the radiology and pathology literature,^{1,4} but none mentioned the exact duration of symptoms or the detailed presentation. We describe a patient of Takayasu's arteritis who presented with pulmonary symptoms of three days duration, which mimicked acute pulmonary embolism.

Objectives

Methods

Results The patient presented with a three-day history of cough and shortness of breath and had multiple bilateral perfusion