been under the treatment of sulfasalazine and he has remained asymptomatic.

Conclusion Calciphylaxis may appear without renal failure and hyperparathyroidism. Long-term steroid using in RA patients may lead to calciphylaxis. Acquired protein S deficiency may contribute to this process.

AB0094 PREVALENCE OF TWIN BIRTHS IN BEHÇET'S DISEASE (BD)

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Background

Objectives Studies of twins in BD have been few.^{1,2} Our clinical impression has been that patients with BD had a paucity of twin siblings. We studied the frequency of twin siblings among the BD patients in a controlled protocol.

Methods 1277 patients (773 males and 504 females with a mean age of 34.20 ± 9.59 years) attending a dedicated BD outpatient clinic were asked whether they had a twin sibling, living or dead. Inquiry into monozygosity was made by asking whether this twin (s) looked exactly like the proband as 'two peas in a pod'.³ As controls the same information was sought among i. a group of patients with either rheumatoid arthritis (RA) or systemic lupus (SLE), composed of 180 patients with RA -150 males and 30 females with a mean age of 49.08 ± 14.05 years- and 79 patients with SLE -64 females and 15 males with a mean age of 34.80 ± 12.33 years- all attending a rheumatology outpatient clinic; and ii. among 7761 first year university students - 3848 males and 3913 females with a mean age of 18.55 ± 1.38 years- during their university registration. Chi-square test (2_{df}) was used to compare the findings between the three groups.

Results Among the 7761 university students, 120 twins (1.5%) were identified. 92 were dizygotic (1.2%) and 28 (0.38%) monozygotic. Among the 259 patients with connective tissue disease there were 7 (2.7%), all dizygotic twins. Two twins belonged to the SLE and 5 to the RA patients. Among the 1277 patients with BD there were 10 twins (0.08%; $\chi^2_{2df} = 7.17$, $p = 0.03$). Eight were dizygotic and 2 (0.15%; $p > 0.12$) were monozygotic. The monozygotic twins were discordant for BD in either case.

Conclusion The frequency of twin births among our controls was similar to that reported in general for twin-births.⁴ The rather marked decrease, 19 fold when compared to the group of university students and 34 fold when compared to the group of patients with RA or SLE, in the twin frequency among the BD patients could be due to the presence of in utero factors operative in the mothers of patients with BD, unfavourably affecting the successful initiation and/or completion of a twin pregnancy.

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AB0095 INTRAVENOUS IMMUNOGLOBULIN IN LIMITED POLYARTERITIS NODOSA

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Background Polyarteritis nodosa (PAN) is severe systemic vasculitis that may affect almost all systems. Rarely isolated organ involvement occurs. These cases generally have more benign course and respond well to high dose of steroids. The addition of cytotoxic drugs is controversial. PAN limited to calf muscles is extremely uncommon. Painful tenderness and swelling of dorsal calf muscles, mild fever and general signs of inflammation in blood tests are the only features of this form of vasculitis. ANCA is not obligatory positive. Muscle biopsy is the only way to make the diagnosis.

Objectives

Methods

Results

Abstract AB0095 Table 1

	Case 1 24 M	Case 2 27 F
Calve's pain/tenderness	Yes/Yes	Yes/Yes
Walking difficulties	Yes	Yes
Fever	37.4	37.2
Regional muscle weakness	Yes	No
Haemoglobin (g/dl)	10.8	11.4
ESR (mm/1 h)	85	72
ANCA	pANCA positive	Negative
Prednisone 0.5 mg/d and IVIG 25 g/d for 5 days	10 weeks off steroids	8 weeks off steroids

ESR-Erythrocyte Sedimentation Rate, ANCA-Antineutrophil Cytoplasmic Antigen, pANCA-perinuclear ANCA, IVIG-Intravenous Immunoglobulin.

Conclusion The two herein reported cases (Table 1) of biopsy proven PAN of the calve show that the addition of single course of intravenous immunoglobulin to steroid treatment yielded rapid and stable clinical and laboratory remission with low doses of steroids from the beginning and rapid tapering off.

AB0096 TWO CASES OF BEHCET'S DISEASE WITH ULCERS ON GLANS PENIS

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Background Behcet's Disease (BD), when first described in 1937, was consisted of three symptoms; recurrent oral, genital ulcerations and iridocyclitis. Today, it is known that BD is a multisystemic chronic vasculitic disorder which may involve both arteries and veins of all sizes. Although painful scrotal ulcers healing with scar formation are among the main clinical findings of BD, ulceration of glans penis is unusual.

Objectives

Methods

Results We present two cases of BD with ulcers on glans penis. The first case is a 46-year-old man who presented with