ulceration involving glans penis and diagnosed as BD after investigations. The second case was a 23-year-old man with established BD who later developed ulcers on glans penis during the course of the disease. In our 113 patients with BD, 102 patients (90.2%) had genital ulcers. Among these 102 patients having genital ulcers, only these two cases (1.9%) had ulcers localised on the glans penis.

Conclusion In conclusion, the possibility of BD should also be considered in patients presenting with genital ulcer (s) with atypical localizations, such as glans penis, particularly in countries with a high prevalence of this disease.

AB0097 EXTRA PYRAMIDAL SYNDROME AS A MANIFESTATION OF TEMPORAL ARTERITIS

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Background Temporal arteritis as a form of vasculitis can sometimes manifest itself be with neurological complications.

Cases with symptoms of extra pyramidal system are rarely reported in bibliography.

A case of a patient with temporal arteritis who presented lethargic syndrome followed by Parkinson disease is reported.

Objectives Case report. A woman 80 years old was firstly admitted to our hospital with enlarged neck lymph nodes and fever. A lymph node biopsy indicated TBC. She was supplied with anti TBC treatment and significantly improved. Two months later she was admitted again with symptoms of rigour, neck stiffness and lethargy. Subarachnoid haemorrhage or meningitis was suspected. Brain CT scan and lumbar puncture were negative. She was supplied with corticosteroid treatment in large doses and the next day all the symptoms disappeared. On leaving hospital she was advised to continue the corticosteroids and gradually stop them. A month later and 10 days after finishing her therapy, she was again admitted with high fever, headache and extrapyramidal syndrome with hand and tongue tremor, stiffness of the musculature, hypokinesia and immobile facial expression. Physical examination indicated painful bilateral temporal arteries. Left temporal artery biopsy indicated giant cell arteritis. She was treated again with corticosteroids only and the signs and symptoms of temporal arteritis and extapyramidal syndrome disappeared. Patient is examined energy six months and her health has continuously been good.

Methods

Results

Conclusion Temporal arteritis in rare forms of the disease is likely to manifest itself with parkinsonian syndrome. Corticosteroidal treatment is enough to improve the disease without supplement any special antiparkinsonian treatment.

AB0098 GALLIUM SCANS AND POLYMIALGIA RHEUMATICA

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Background

Objectives We evaluated utility of gallium scintigraphy to the diagnose of polymialgia rheumatica (RPM).

Methods Gallium scans were performed in 7 patients (5 women, 2 men) diagnosed RPM according to American College of Rheumatology (ACR) criteria. Mean age were 65 years. Temporal pulses were palpable in all of them. All were taking corticosteroids. None of patients had any other known or clinically inflammatory or granulomatous disease.

Scintigraphy with gallium is non-invasive diacritic procedure that could help to locate the vasculitic process. All scintigraphies were performed in the Nuclear Medicine Unit of Clinica Platon.

Results Scintrigraphy of temporal region don't show an uptake of gallium radionuclide in this localización.

Conclusion Gallium scans confirmed that patients were correctly diagnosed of RPM, because we didn't see an uptake of studied area, like in temporal arteritis due to the granulomatous vasculitic process.

AB0099 ADULT ONSET STILL'S DISEASE REVEALED BY PERICARDIAL TAMPONADE AND MYOCARDITIS

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Background Pericardial tamponade and myocarditis are very seldom complication of adult onset Still's disease and exceptionally revealed the disease. A18-year- old man was hospitalised for fever, polyarthralgia, dyspnea and thoracic pain. Chest radiograph demonstrated large cardiac silhouette. The electrocardiogram showed tachycardia and non specific diffuse ST-T changes.

Echocardiography revealed a mild alteration of left ventricular function and circumferential pericardial effusion with diastolic collapse. A pericardiocentesis yielded 300 ml of sersanguinos fluid. The white blood cell count was 41200 with 96% neutophils. An extensive evaluation for infection was unrevealing and tests for antinuclear factors and rheumtoid factor were negative. Still's disease was diagnosed. The patient was treated with prednisone 1 mg/kg/day and rapidly improved.

Objectives

Methods

Results

Conclusion

AB0100 SYSTEMIC MANIFESTATION OF BEHCET ADAMANTIADIES SYNDROME

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Background After the disease was firstly described it was beleived that this syndrome consisted of three symptoms ? orogenital ulcerations and inflammatory disease of eyes. In last several decades numerous facts indicated that we have deall systemic vasculitis, that induced multiorgan manifestations.

Objectives The aim of this study is: a) to analyse 64 patients and find the spectrum of systemic manifestations of the disease, b) to show therapeutic approach in acute phase of the disease.

Methods All patients fulfilled diagnostic criteria for the diagnosis of Behcet-Adamantiades syndrome.

Results Out of systemic manifestations the most common was the involvement of locomotoric system ? arthritis 38 (59%),

arthralgiae 25 (39%), tendinitis 3 (4.7%), sacroiliitis 1 (1.6%) and afterwards the involvement of cardiovascular system ? thrombophlebitis 11 (17%), thrombosis v. cavae inferior 2 (3.1%), v. cavae superior 1 (1.6%), involvement of cardiac structures 4 (6.2%). Central nervous system was involved in ten patients: meningoencephalitis in 2 ? 3.1%, pyramidal and extrapyramidal syndrome in 1 ? 1.6%, thrombosis of venous sinuses 1 ? 1.6%. Involvement of cranial nerves was found in 3 (4.7%) patients and peripheral neuropathy of sensorial type in 4 (6.2%). Pulmonary vasculitis was confirmed in one patient ? 16 year old girl in the acute phase of the disease. Enterocolitis was developed in 5 (7.8%) and orchiepididymitis in 2 (3.1%).

In the acute phase of the disease all patients were treated with glucocorticoids and in case of multisystemic manifestations firstly with ?pulse? dose of methylprednisolone three days and afterwards cyclophosphamide in ?pulse? doses one monthly during 6 months and it was administered every 3 months until one year. A total of 19 patients were treated with cyclosporin A. Colchicin was administered in acute phase of the disease in patients with ocular involvement. Antiaggregation treatment (Aspirin) was also administered.

Conclusion This paper confirms that Behcet-Adamantiades syndrome is not only three-symptom disease but also systemic generalised vasculitis. Multisystemic manifestations developed due to systemic vasculitis.

AB0101 TRANSVERSE MYELITIS: A RARE MANIFESTATION OF BEHÇET'S DISEASE

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Background The diagnosis of Behçet's disease is based on well-known criteria. Although skin, eye and joints are the most frequently involved organs, other systems may be affected such as the nervous system. Transverse myelitis is a rare and serious manifestation of the disease.

We present the case of a 51 year-old woman with a 2 year diagnosis of Behçet's disease, initially presented as oral aphthosis, genital ulcerations, symmetrical polyarthritides and a maculo-papular hand rash. Eye examination was normal.

The patient remained well for 2 years, when suddenly presented with severe headache, back pain, a rapidly progressive tetraparesis and a global sensitive deficit.

Erythrocyte sedimentation rate, C-reactive protein, total blood cell count, lysozyme, angiotensin-converting enzyme and complement factors were within the normal laboratory ranges. The serologic tests for rickettsial and Lyme's diseases were negative. The immunological study was positive for anti-Scl70 antibody and lupus anticoagulant.

Cerebrospinal fluid analysis revealed a 48-cell count with predominance of mononuclear forms and normal cultural and pathology examinations.

Spinal cord magnetic resonance imaging (MRI) identified a cervico-thoracic lesion suggestive of transverse myelitis. The cranial MRI was normal.

Pulsed methylprednisolone (1 g/day) was initiated, with rapid clinical improvement. After 45 days, with a maintenance dose of prednisone (30 mg/day) the patient was doing well referring residual sensitive deficit. With a one-year follow-up and daily

prednisone (20 mg) and azathioprine (50 mg), the patient is asymptomatic and there are no neurological sequelae.

A literature review was performed. Central nervous system involvement occurs in less than 5% of cases of Behçet's disease and in this group 69% have clinical manifestations suggestive of transverse myelitis. High methylprednisolone doses are fundamental for favourable clinical outcome.

Objectives

Methods

Results

Conclusion

FRI0149 SERUM CYTOKINES AND AUTOANTIBODIES PROFILE IN RHEUMATOID ARTHRITIS AND CONNECTIVE TISSUE DISEASES ? RELATIONSHIP TO MICROVASCULAR CAPILLAROSCOPIC ABNORMALITIES

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Background Clinical manifestations of systemic vasculitis may be postulated as a consequence of the immune response abnormalities in the course of connective tissue diseases (CTD).

Objectives The aim of this study was to elucidate the significance of different antibodies and proinflammatory cytokines in the diagnosis of vasculitis in patients with rheumatoid arthritis (RA) and CTD.

Methods Serum of 54 patients with RA and 32 with CTD were analysed for concentrations of TNF-alpha, IL-6, antinuclear antibodies (ANA) and ds-DNA using specific enzyme immunoassay. Anti-native DNA antibodies (nDNA) and anti-neutrophil cytoplasmic autoantibodies (ANCA) were assessed by indirect immunofluorescence test.

Results Fifty out of 86 patients had systemic lesions. Pathological picture of the vascular loop in nailfold capillary microscopy was found in 84 patients. In 19 patients microvascular changes were advanced, in 35-moderate and in 30-mild. Patients with advanced changes in capillary microscopy had longer disease duration (9,7; SD = 7,4 years) compared to patients with mild intensity of vasculitis (6,1; SD = 5,7 years). Significant correlation between ANA titre and disease duration, TNF-alpha serum levels and haemoglobin concentration were observed. Presence of ANCA correlated with titer of Waaler-Rose test and erythrocyte count and of dsDNA with patient age. Serum concentration of IL-6 correlated with titer of Waaler-Rose test and CRP. RA and CTD patients with clinical signs of systemic vasculitis showed significantly higher levels of TNF-alpha, IL-6 and ANA titre as compared to those without vascular involvement. ANA and ANCA were observed significantly more frequent among patients with systemic damage compare to patients without organ injury. Also ANA were twice more frequent among patients with advanced capillaroscopic abnormalities.

Conclusion These results indicate that systemic lesions in the course of RA and CTD are accompanied by abnormalities in nailfold capillary microscopy. Our findings showed correlation between presence of ANA, TNF-alpha serum levels and clinical manifestations of vasculitis. This study point to a pathogenic role of the cytokine network and autoantibodies in systemic vasculitis.