## FRI0150 CLINICAL MANIFESTATIONS OF GIANT CELL ARTERITIS: CHANGES OVER 20 YEARS

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**Background** Complications of Giant Cell Arteritis (GCA) can be prevented with prompt diagnosis and treatment in most cases. However, the presenting manifestations of the disease are diverse and may be non-specific.
**Objectives** We undertook this study in order to determine the clinical features in 100 conecutive patients with GCA. We compared these features in patients with and without visual loss. We compared the findings to those from a study of 100 consecutive biopsy proven cases from the same institution by one of the authors (KTC) 20 years earlier.
**Methods** We reviewed the clinical records of 100 consecutive biopsy-proven cases of GCA diagnosed just prior to December 31, 1998. Findings in patients with and without visual loss were compared and findings in this series were compared to those of an identical review of 100 consecutive biopsy-proven cases from our institution, ending in December, 1978.[1] Differences were compared using Fisher's exact test and the rank sum test.
**Results** In the current series, there were 77 females and 23 males, with a mean age at diagnosis of 73.2 years. The mean duration of symptoms prior to diagnosis was 3.5 months. Headache was the initial symptom in 41 patients and twenty patients presented with polymyalgia rheumatica. However, systemic symptoms dominated the clinical presentation in 22 patients and 13 patients were evaluated for fever of unknown origin. Swallowing or tongue claudication was seen in 7 patients. Trismus or dysgeusia were reported by some patients. Nine patients complained of sore throat and 10 patients had cough. Twelve patients developed loss of vision. Inflammatory parameters were not significantly different in patients with visual loss as compared to those without. The median duration of symptoms were shorter ($p < 0.001$), median sedimentation rate was lower ($p < 0.001$) and the median haemoglobin concentration was higher ($p = 0.011$) in the current series when compared to patients diagnosed 20 years earlier.
**Conclusion** The presenting manifestations in this group of patients with GCA were diverse and often did not suggest the diagnosis. Clinical suspicion for the disease in the setting of an older patient with systemic symptoms or with a variety of head and neck symptoms, with laboratory evidence of an inflammatory process, was critical for the diagnosis. Because of this suspicion, patients were diagnosed earlier after onset of symptoms, with less prominent inflammatory findings, than they were 20 years ago.

### REFERENCE

1 Calamia KT, Hunder GG. Clinical manifestations of giant cell (temporal) arteritis. *Clin Rheum Dis*. 1980;**6**:389–403

## FRI0151 BCL-2 LEVELS OF PERIPHERAL MONONUCLEAR CELLS IN PATIENTS WITH BEHCET'S DISEASE

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**Background** Apoptosis is strictly programmed cell death of aged, disrupted or unnecessary cells. It has substantial role in the development and control of immune system. Its dysregulation may play a part in the pathogenesis of autoimmune disorders. Bcl-2 is an protooncogen of controlling apoptosis in immunocompetent cells.
**Objectives** Bcl-2 levels of peripheral mononuclear cells in patients with Behcet's disease were investigated in order to have information about the apoptotic processes of this vasculitis which pathogenesis is unknown.
**Methods** Twenty-eight Behcet's (mean age ± SD, 41.9 ± 7.8; 15 male,13 female), 21 familial Mediterranean fever (FMF), (mean age 34.5 ± 12.4; 9 male,12 female), 11 rheumatoid arthritis (RA) patients (mean age 44.9 ± 18.5; 1 male, 10 female) and 22 controls (mean age 37.7 ± 6.9; 11 male, 11 female) were taken into the study. Peripheral mononuclear cells of the subjects were isolated by phicol gradient method; after cell counts were standardised according to the kit instructions, the cells were lysed and Bcl-2 levels were studied by ELISA method.
**Results** Mean Bcl-2 levels of the Behcet's patients (mean ± SEM, 78.58 ± 16.38 U/ml) were found significantly lower than that of the controls (161.70 ± 23.97 U/ml), ($p = 0.006$). No difference was found between the mean Bcl-2 levels of the active and inactive Behcet's patients. The mean Bcl-2 level of Behcet group was not significantly different than those of the FMF (112.97 ± 29.97 U/ml) and the RA (82.63 ± 31.87 U/ml) groups. Mean Bcl-2 levels of the FMF ($p = 0.061$) and the RA ($p = 0.076$) groups were also not different than that of the controls.
**Conclusion** Low levels of Bcl-2 in peripheral mononuclear cells of Behcet's patients might be a clue to the dysregulation of programmed cell death in mononuclear cells of this vasculitis.

## FRI0152 CRIYOGLOBULINEMIA IN HEPATITIS C INFECTIVE HEMODIALYSIS AND RENAL TRANSPLANTATION PATIENTS

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**Background** Hepatitis C infection (HCV) is an important problem among hemodialysis and renal transplantation patients. It has been showed that HCV infection is closely associated with mixed type criyoglobulinemia, despite this close relationship, the correlation of HCV and essential mixed criyoglobulinemia has been analysed in a very limited number of studies in hemodialysed and renal transplant patients.
**Objectives** In this study, we aimed to investigate the prevalence of criyoglobulinemia in HCV positive hemodialysis patients, renal transplant patients and in patients with chronic liver disease in Turkey which type I HCV is the dominant form.
**Methods** Criyoglobulinemia was studied in 41 hemodialysis, 10 renal transplant and 17 chronic liver disease patients with HCV infection. Anti-HCV antibodies were detected by second and third generation ELISA and for criyoglobulins centrifugation and cold incubation techniques were used.
**Results** None of the HCV positive hemodialysis and renal transplant patients were found to have criyoglobulinemia, on the other hand criyoglobulinemia was present in only one patient with HCV positive chronic liver disease.