Conclusion Type I HCV is the most common hepatitis C virus type in our hemodialysis unit and in Turkey, so this low prevalence of cryoglobulinemia may be associated with the genotype of HCV and the differences of the geographic areas.

FRI0153 CARDIOVASCULAR AUTONOMIC FUNCTIONS AND SYMPATHETIC SKIN RESPONSES IN BEHÇET'S DISEASE

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Background Unlike other systemic necrotizing vasculitides, such as periarteritis nodosa and Churg-Strauss Syndrome, peripheral and autonomic nervous system involvement is rare Behçet's disease.

Objectives We examined the peripheral nervous system involvement, cardiovascular autonomic functions and sympathetic skin responses in Behçet's patients.

Methods Fifteen age and sex matched healthy controls, besides 26 Behçet's patients were included in this study. In order to exclude the effects of colchicine on the parameters tested, 16 patients with familial mediterranean fever (FMF) were also studied. In addition to electromyographic studies and sympathetic skin potentials, variations of R-R interval in electrocardiography in response to hyperventilation and Valsalva manoeuvre were recorded. Patients with disorders that may cause autonomic dysfunction were excluded from the study.

Results There was no difference among the three groups in evaluations performed during hyperventilation and Valsalva manoeuvres. No pathologic electromyographic finding was recorded except the sensory motor polyneuropathy detected in a single Behçet's patient. The amplitude and latencies of skin potentials obtained in Behçet's patients were not significantly different when compared with healthy controls and FMF patients. Colchicine usage did not significantly alter the electrophysiological measurements in Behçet's and FMF patients.

Conclusion There was no evidence of peripheral autonomic nervous system involvement in Behçet's disease. We conclude that autonomic nervous system involvement is not significant in Behçet's disease.

FRI0154 LEFLUNOMIDE IN A PATIENT WITH GLUCOCORTICOID- AND METHOTREXAT- RESISTANT TAKAYASU'S ARTERITIS

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Background Takayasu's arteritis (TA) is a chronic inflammatory large-vessel vasculitis of unknown cause, which involves the aorta and its major branches. Glucocorticosteroids (GC) and methotrexat (MTX) are the primary treatment to reduce the activity of vascular inflammation in TA. A subset of TA patients (<15%) has chronic, unremitting disease and is unresponsive to GC + MTX therapy. Herein we describe our benefit experience with Leflunomide (LEFLU) therapy in patient with GC- and MTX-resistant TA.

Objectives Case Report: A 28-year old Turkish female with (biopsy proved) TA, markedly elevated ESR of 96 mm/h, and elevated C-reactive protein (CRP) 73 mg/dl (normal

Postoperative, after 6 month, MTX therapy was withdrawn and replaced by LEFLU (30 mg/day). Within the next 2 month GC was slowly tapered to 2 mg/day and then withdrawn.

Six month after initiating LEFLU therapy, ESR (22 mm/h), CRP (12 mg/dl), SAA (8 mg/dl) and IL-6 (16 pg/ml) significantly decreased near to normal ranges. Even sCD44v5 decreased to 9 ng/ml.

Blood pressure measurements were now 110/70 mmHg in the right arm, 90/55 mmHg in the left arm and radial pulses were palpable in both arms. The patient reported no syncopes, headache or any limitations of activities of daily living. ESR, CRP, SAA, IL-6 and sCD44v5 still remained in the last mentioned low ranges during the next two month of observation.

Methods “”

Results “”

Conclusion In this case of GC+MTX resistant TA, LEFLU appears to be an effective (slow acting) and well tolerated agent to reduce the activity of inflammation. Extensive and long-term studies will be required to assess our single observation.

FRI0155 DIFFERENT SCHEMES OF CONSERVATIVE THERAPY IN PATIENTS WITH THROMBANGIITIS OBLITERANS

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Background

Objectives To compare changes of the Birmingham vasculitis activity score (BVAS) and some laboratory parameters in thrombangiitis obliterans patients (pts) treated with antiplatelet agents and vasodilators in usual doses (first group) and with standard three-days scheme glucocorticoid and cyclophosphamide pulse-therapy (second group).

Methods The first group included 12 male (mean age 37.9 ± 6.9 years) and the other one – 16 male (mean age 41.3 ± 7.5 years). Duration of disease and clinical symptoms before the treatment were comparable in both groups, excepting the frequency of joints pain ($n_1 = 41.7\%$ v.s. $n^2 = 6.3\%$; $p < 0.05$) and migratory superficial phlebitis ($n_1 = 66.7\%$ v.s. $n^2 = 18.8\%$; $p < 0.05$), which were observed significantly more often in pts of the first group. Inspection of the pts was carried out before treatment and in a month. An estimation of clinical activity has carried out on BVAS. Serum levels of C-reactive protein (CRP) by ELISA and ESR at the same time were determined as well.

Results Before the start of treatment there were no significant differences in values of BVAS (8.2 ± 3.5 -first group; 8.4 ± 3.2 – second group), ESR and CRP between both groups. In a month BVAS was significantly lower in pts of the second group, then in the first one (6.8 ± 3.3 – first group v.s. 3.9 ± 1.7 – second group; $p < 0.05$). The mean values of CRP were not significantly changes during follow-up in both groups, but high serum levels of CRP were founded significantly more often in pts of the first group then in the second after the treatment ($n_1 = 58.3\%$; $n^2 = 56.3\%$ – before; $n_1 = 66.7\%$; $n^2 = 18.8\%$; $p < 0.05$ – after the treatment, respectively). The similar features were observed for the frequency of amputations ($n_1 = 58.33\%$ v.s. $n^2 = 12.5\%$; $p < 0.05$).