Abstract FRI0164 Table 1

	PAN (n = 18)	TA (n = 18)	TAO (n = 21)	HSP (n = 21)	WG (n = 21)	PAPS (n = 8)	DONORS (n = 20)
Anti-PR3	1	0	0	3	13	0	0
Anti-MPO	1	2	1	1	0	0	0
Anti-b2GPI	0	0	0	4	0	8	1

20 pts with Wegener's granulomatosis (WG) (ACR,1990) and 8 pts with define PAPS (1998) and 20 donors were surveyed. IgG anti-PR3, anti-MPO and anti-b2GPI by ELISA (Orgentec, Germany) were studied.

Results anti-PR3 in 1 (5,6%) pts with PAN and in 3 (14,3%) pts with HSP in low titers were found. anti-PR3 in 13 (61,9%) of 21 pts with WG (in 10 (71,4%) of 14 pts with generalized and in 3 (50%) of 6 local forms) in medium or high titers were observed. anti-MPO in 1 (5,6%) pts with PAN, in 2 (11,2%) pts with TA, in 1 (4,8%) pts with TAO and in 3 (14,3%) pts with HSP in low titers were found. anti-b2GPI in low titers in 4 (22,4%) pts with HSP and in medium or high titers in 8 (100%) pts with PAPS were observed only.

anti-PR3 and anti-MPO in 1 pts sera with PAN were attended simultaneously. In HSP 1 pts had anti-PR3, anti-MPO, anti-b2GPI and 1 pts had anti-PR3 and anti-b2GPI simultaneously as well.

In the serum from pts with TA, TAO, WG and PAPS anti-PR3 or anti-MPO or anti-b2GPI were attended alone.

Conclusion So, in some pts with PAN and HSP anti-MPO, anti-PR3 and anti-b2GPI in low titers are attended simultaneously but their clinical significance are not obscure.

FRI0165 SERUM LEVELS OF INTERLEUKIN-12 IN BEHCET'S DISEASE

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Background Behcet's disease (BD) is a vasculitis with unknown aetiology. Previous studies have reported that T cell mediated immune response may play role in the pathogenesis of BD. Various cytokines have been demonstrated to be elevated in the serum of patients with BD. Interleukin-12 (IL-12) has been shown to have multiple effects on T cells and is a central mediator of the cell mediated immune response by its actions on the development, proliferation and activities of T helper 1 (TH1) cells.

Objectives The purpose of this study was to assess the serum levels of IL-12 in patients with BD.

Methods Serum IL-12 levels were investigated in 36 BD patients (13 active BD and 23 inactive BD patients), in 23 rheumatoid arthritis (RA) patients and in 22 healthy controls (HC) using sandwich ELISA method.

Results The mean IL-12 levels in the serum of the patients with BD, RA and HC were 3.023 ± 0.732 (mean $\pm$ standard error) pg/ml, 4.189 ± 0.991 pg/ml, 0.126 ± 0.091 pg/ml, respectively. The serum IL-12 level of BD patients was significantly higher from that of HC ($p = 0.000$), but no statistical difference was observed between the serum IL-12 levels of BD patients and RA patients ($p = 0.335$). Active BD (5.617 ± 1.588 pg/ml) and inactive BD (1.557 ± 0.534 pg/ml) patients had higher serum

levels of IL-12 when compared to those of HC ($p = 0.000$ and $p = 0.004$, respectively).

Conclusion Our results suggest involvement of IL-12 in the pathogenesis of BD.

FRI0166 VGAMMA 9/VDELTA 2 T LYMPHOCYTES IN ITALIAN PATIENTS WITH BEHCET'S DISEASE

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Background Behcet's disease (BD) is a multisystemic disorder with oral and genital ulcers, muco-cutaneous, ocular, joint, vascular and central nervous system involvement. Increases in gamma/delta T cells in peripheral blood and cerebrospinal fluid and gamma delta T cells responses to HSP-derived peptides suggest a role for this T cell subset in the aetiopathogenesis of BD.

Objectives To substantiate this hypothesis, we set out to shed light upon the characteristics of the gamma/delta T lymphocytes in Italian BD patients. The response of Vgamma9/Vdelta2 (Vg9/Vd2) cells to phosphoantigens in disease course was also investigated *in vitro* and compared to the response of normal controls.

Methods 25 BD patients and healthy subjects were studied. Peripheral blood mononuclear cells (PBMC) were obtained from each individual and specific cells analysed by FACS utilising specific monoclonal antibodies. For the expansion of Vg9/Vd2 T cells PBMC were cultured for 10 days in medium alone, or in the presence of phosphoantigens: xylose 1-P, ribose 1-P, Dimethylallyl pyrophosphate (DMAPP), Isopentenyl pyrophosphate (IPP). The Vd2 expansion factor (EF) was then calculated by dividing the percentage of Vd2 T cells in phosphoantigen + IL-2-stimulated cultures by the percentage of Vd2 T cells obtained in cultures containing IL-2 only. The expression of TNF-RII and IL-12Rb1 on Vg9/Vd2 was evaluated by the simultaneous use of anti-TNF-R II-PE or anti-IL-12Rb1-PE and anti-Vd2TCR FITC. The expression of these receptor after *in vitro* stimulation with phosphoantigens was also studied.

Results There were no statistical differences in percentage of Vd2 T cells between patients with active ($2,63 \pm 1,73\%$) and inactive ($2,02 \pm 1,26\%$) disease. There was a certain hierarchy in the response of Vg9/Vd2 cells toward the different phosphoantigens, with the highest EF obtained with DMAPP, the lowest obtained with xyl-1P. Specifically the EF of Vd2 cells of patients with BD was 4 fold highest than that detected in healthy controls (EF = $113,4 \pm 153$ and $28,5 \pm 22,5$ respectively); in addition the EF of Vd2 in PBMC from patients with active disease was 5 fold highest than that of the cells from patients with inactive disease (EF = 170 ± 180 and $34,1 \pm 30,6$ respectively). TNF-RII and IL-12-Rb1 expression were increased after 10 day cultures in both patient groups and in normal controls. The proportion of Vg9/Vd2 bearing these receptors was raised in active