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, Dime-thylallyl 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

patients (17.7 ± 1 and 49.2 ± 5.55 respectively), when Vd2 cell population were cultured in presence of DMAPP.

Conclusion Our observations indicate that Vd2 activation is correlated with BD progression. It is of interest the involvement of Vd2 lymphocytes in active disease and the absence of response to phosphoantigens *in vitro* in patients in complete remission. Further definition and effector functions of the Vg9/Vd2 cells are required to improve their role in the maintenance of activity disease. In addition, the inhibition of gd activation and therefore of the pro-inflammatory CK production may provide an interesting therapeutic strategy for the novel treatments for BD

FRI0167 CLINICOPATHOLOGIC EVALUATION OF NODULAR LESIONS OF BEHÇET'S DISEASE

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Background Among the cutaneous manifestations, nodular lesions are rather common in Behçet's disease (BD).

Objectives The histologic nature of these lesions has been a matter of controversy.

Methods In order to establish their distinguishing features, biopsies taken from nodular lesions of 24 patients with BD, 25 with nodular vasculitis (NV), and 20 with erythema nodosum (EN) were compared.

Results Statistical analysis revealed that there was insignificant difference between BD and NV. However, neutrophil predominating infiltrate in the subcutis was more common in BD, while necrosis and granuloma formation were encountered more frequently in NV. On the other hand, there was a statistically significant difference between BD and EN. Septal panniculitis, lymphocyte predominating infiltrate, absence of many vascular changes as well as vasculitis, and necrosis were features in favour of EN.

Conclusion EN-like lesions of BD are mainly neutrophilic vascular reactions with accompanying changes in subcutis. Their histology are more similar to NV than EN. Thus suggests that these nodular lesions of BD may, indeed be due to vasculitis. On the other hand, the histologic feature of these nodular lesions has enough specificity to differentiate them from EN due to other causes.

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FRI0168 LONGTERM THERAPY IN TEMPORAL ARTERITIS: ANALYSIS OF ADVERSE EFFECTS

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Background Temporal arteritis (TA) is a serious disease and require a prolonged period of steroid therapy.

Objectives With the aim of clarifying if steroid cumulative dose is a significant risk factor for adverse effects, we performed a study of 20 TA patients, attending the rheumatology out-patients clinic of Santa Maria Hospital, Lisbon, with a minimum follow-up time of 2 years.

Methods

Results The mean follow-up period was 84.3 ± 28.9 months. 12 patients were female (60%, mean age at the time of diagnosis of 69.4 ± 8.6 years) and 8 were male (40%, mean age at the time of diagnosis of 64.6 ± 7.7 years). All the patients were treated with prednisone (PDN), 2 with 3×1000 mg methylprednisolone pulses and 4 with concomitant immunosuppressors (3 azathioprine and 1 cyclophosphamide). The mean initial PDN dose was 53,2 mg. The PDN dose was tapered and the mean doses were: 1st month – $49,9 \pm 18,7$ mg; 3rd month ? $34,0 \pm 19,1$ mg; 6th month ? $24,9 \pm 17,7$ mg; 12th month ? $10,5 \pm 7,8$ mg; 24th month ? $5,9 \pm 3,2$ mg; 36th month ? $5,6 \pm 3,2$ mg; 60th month ? $7,8 \pm 8,6$ mg; 84th month ? $5,3 \pm 2,8$ mg.

By the end of the first 6 months 50% of the baseline dose was reached and after 2 years all patients were on a maintenance low dose (5.9 mg). 2 patients (10%) were able to stop the PDN (at 48 and 55 months). The mean cumulative PDN dose was $17641,8 \pm 8937,3$ mg. 17 (85%) patients had corticosteroid related adverse effects. Although these patients had a mean cumulative PDN dose ($19064,2 \pm 8880,7$ mg) superior to the dose of the patients without adverse effects ($9575 \pm 3401,5$ mg), the difference was not statistically significant. The mean cumulative PDN dose for each of the observed adverse effects is characterised in the next Table 1.

Abstract FRI0168 Table 1

	n	PDN dose (mg)	p
Hypertension/Without Hypertension	10/10	18586,6/ 16695,0	NS
Hypercholesterolemia/Without Hypercholesterolemia	8/12	20343,8/ 15838,8	NS
Hyperglycemia/Without Hyperglycemia	5/15	27423,8/ 14379,8	<0,01
Hypertriglyceridemia/Without Hypertriglyceridemia	3/17	25550,0/ 16245,0	NS
Osteoporosis/Without Osteoporosis	8/12	20941,4/ 15440,4	NS
Cataract/Without Cataract	3/17	27681,3/ 15868,9	<0,05

Conclusion Our results suggest that PDN cumulative dose is a major factor in the induction of hyperglycemia and cataracts. All the others adverse effects had a trend to be correlated with higher PDN doses but this observation did not reach a statistically significant difference.

FRI0169 CYCLOSPORIN A VERSUS ÝNTERFERON ALFA IN TREATMENT OF SEVERE OCULAR INVOLVEMENT OF BEHÇET'S DISEASE

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Background Sight-threatening uveitis is a well-known complication of Behçet's Disease in which recurrent oral and genital aphthous ulcerations, arthritis, neurologic, and vascular involvement also frequently accompanied.