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

¹C Demirkösen, ¹N Tüzün, ²C Mat, ³M Senocak, ⁴N Büyükbabani, ²Y Tüzün, ⁵H Yazici. ¹Pathology, ²Dermatology, ³Biostatistic, ⁴Pathology, Istanbul Medical Faculty, Istanbul, Turkey; ⁵Internal Medicine, Division of Rheumatology, Cerrahpaşa Medical Faculty, Istanbul University

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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

C Resende, JE Fonseca, H Canhão, JC Teixeira Costa, JA Pereira Silva, M Viana Queiroz. Rheumatology Unit, Santa Maria Hospital, Lisbon, Portugal

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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 INTERFERON ALFA IN TREATMENT OF SEVERE OCULAR INVOLVEMENT OF BEHÇET'S DISEASE

A Dýnc, S Pay, Z Bayraktar, H Erdem, M Turan. Rheumatology and Ophthalmology, Gülhane School of Medicine, Ankara, Turkey

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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.

Objectives In this study we compared the clinical efficacy of cyclosporin A (Cyc-A) and interferon-alfa (INF-alfa) in our patients with severe posterior uveitis.

Methods All patients were classified and followed by means of fundus fluorescein angiography. At baseline, Cyc-A and INF-alfa were given in a dose of 5 mg/kg/day and 4,5 million U three times a week, respectively. In case of an attack, a prednisolone treatment course was added to those monotherapy regimen. Twenty-one patients were included in the study. Eight and eleven patients were started on Cyc-A and INF-alfa regimens, respectively. Here, the results at the 3- and 6-month duration were presented.

Results Two of 8 patients treated with Cyc-A were stopped to continue due to inefficacy and switched on INF-alfa therapy. In the same group one patient had gingival hyperplasia, which partially responded to dose tapering, however another patient with azotemia and hypertension had to be changed to other treatment group. Except one, all patients on INF-alfa regimen completed the study with adequate regression of inflammatory activity. In that patient depression unresponsive to drugs led to stop INF-alfa at the end of 6 months.

Conclusion Although it is difficult to make a clear conclusion about the comparative efficacy of INF-alfa and Cyc-A due to small population and short follow-up. But it seems that INF-alfa more tolerable than Cyc-A in the treatment of Behçet's Disease with severe ocular involvement.

OP0042 COLOUR DUPLEX ULTRASONOGRAPHY IN THE DIAGNOSIS OF TEMPORAL ARTERITIS

¹G Neshet, ²D Shemesh, ¹M Mates, ³M Sonnenblick, ²HB Abramowitz. ¹Internal Medicine; ²Vascular Surgery; ³Geriatrics, Shaare-Zedek Medical Center, Jerusalem, Israel

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Background The diagnosis of temporal arteritis (TA) usually requires a temporal artery biopsy. Recently it has been reported that a periluminal dark halo, detected by colour duplex ultrasonography (CDU) of the temporal arteries, is a characteristic sign of TA, and commonly appears in these patients.

Objectives To examine the predictive value of the dark halo sign in diagnosing TA.

Methods During a period of 2 years 69 patients suspected of having TA were examined by CDU of both temporal arteries, using the Acuson SEQUOIA 512 with a 7 MHz linear array transducer. Temporal artery biopsy was performed in 32 of the patients. The diagnosis of TA was made if a patient had a positive biopsy, or met all of the 3 following criteria: 1. ACR classification criteria were fulfilled, 2. there was a prompt clinical response to 40–60 mg/day of prednisone, 3. no other diagnosis related to the symptoms was made during a follow-up of 6 months.

Results Periluminal dark halo was observed in 24 of the 69 patients. TA was diagnosed in 12 of them, giving a positive predictive value (PPV) of only 50%. No halo was detected in 45 cases. Only 2 of them had TA, giving a high negative predictive value (NPV) of 96%. The sensitivity and specificity of the halo sign for diagnosing TA were 86% and 78%, respectively.

Conclusion The PPV of the halo sign in CDU of the temporal arteries is unsatisfactory for diagnosing TA. However, The NPV is very high. Thus a negative halo sign can practically serve to rule out a diagnosis of TA and precludes the need for a biopsy in most instances.

OP0043 A STUDY OF OVERLAPPING INFECTIOUS, AUTOIMMUNE AND HAEMATOLOGICAL ETIOLOGIES IN CRYOGLOBULINEMIA IN A TERTIARY UNIVERSITY HOSPITAL

¹M Ramos-Casals, ¹O Trejo, ¹M Garcia-Carrasco, ²J Yague, ¹G De la Red, ¹S Jimenez, ¹MI Quenard, ¹R Cervera, ¹J Font, ¹M Ingelmo. ¹Systemic Autoimmune Diseases Unit; ²Department of Immunology, Hospital Clinic, Barcelona, Spain

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Background

Objectives To study the main etiological factors associated to cryoglobulinemia in a university hospital, to determine the percentage of patients with no evidence of associated disease (? essential? cryoglobulinemia) and to analyse the amount of overlapping between the different etiologies.

Methods We analysed 443 consecutive patients with cryoglobulinemia, who tested positive for circulating cryoglobulins in our Department of Immunology between 1991 and 1999. Of these 443 patients, 258 (58%) were women and 185 (42%) men (mean age 54 years, range 14 to 91).

Results Infectious diseases were detected in 331 (75%) patients, autoimmune diseases in 94 (24%), haematological disease in 33 (7%) and essential cryoglobulinemia in 49 (11%). Patients with autoimmune diseases showed a cryocrit higher than 5% (26%) more frequently compared with those with haematological processes (24%), HCV infection (16%) or essential cryoglobulinemia (2%) ($p = 0.003$). HCV infection was found in 321 (73%) patients, HBsAg in 15 (3%) and HIV antibodies in 29 (7%). Forty (9%) patients had Sjögren's syndrome (SS), 30 (7%) systemic lupus erythematosus (SLE), 7 (2%) periarteritis nodosa and 6 (2%) progressive systemic sclerosis. Finally, 16 (4%) patients had a NHL, 3 chronic lymphocytic leukaemia, 3 multiple myeloma and 2 Hodgkin lymphoma. When the overlapping of more than one etiological factor was analysed, we found that most patients with HBsAg or HIV infection were also HCV positive. In addition, we observed a strong overlap between HCV and some autoimmune (50% in SS, 67% in PAN) or haematological (50% of NHL) diseases.

Conclusion HCV infection was the main etiological factor identified, being present in 73% of patients with cryoglobulinemia. Of the systemic autoimmune diseases, SS and SLE were those frequently associated to cryoglobulinemia, and NHL was the most frequent haematological process found. Associated disease was not found in 11% of patients (essential cryoglobulinemia). Finally, we report a strong overlap between certain etiological factors (HCV, SS and NHL).

OP0044 EPIDEMIOLOGY OF VASCULITIS IN THREE REGIONS OF EUROPE

¹RA Watts, ²W Koldingsnes, ²H Nossent, ³MA Gonzalez-Gay, ³C Garcia-Porrua, ⁴G Bentham, ⁵SE Lane, ⁵DG Scott. ¹Rheumatology, Ipswich Hospital, Ipswich; ²Rheumatology, University of Tromsø, Tromsø, Norway; ³Rheumatology, Hospital Xeral-Calde, Lugo, Spain; ⁴Environmental Sciences, University of Tromsø; ⁵Rheumatology, Norfolk and Norwich Hospital, Norwich, UK

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Background The epidemiology of systemic vasculitis (SV) has been poorly documented. Development of accepted criteria and definitions by the ACR and Chapel Hill Consensus Conference (CHCC) permits comparison of data from different areas. We