37.3%, mast cells 54.3%, neutrophilic granulocytes 88.2% and eosinophilic granulocytes 25.4%.

Conclusion Histopathologic findings consistent with vasculitis were detected in approx. 1 out of 5 TABs examined in our high endemic area of TA. No difference in biopsy length was found between positive and negative TABs, questioning the importance of recommended large biopsies of 20 mm examining TABs for vasculitis. The types of inflammatory cells were found to be in accordance with previous reports.

REFERENCE

- 1 Haugeberg, *et al.* J Rheumatol. 2000;27:2624–7

OP0047 FDG-PET SCAN INVESTIGATIONS IN VASCULITIS, OTHER THAN GIANT CELL ARTERITIS OR POLYMYALGIA RHEUMATICA

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10.1136/annrheumdis-2001.235

Background An increased 18-fluoro-deoxyglucose (FDG) uptake has been described in the large vessels of the thorax and legs in patients with giant cell arteritis (GCA) and/or polymyalgia rheumatica (PMR),^{1,2} using positron emission tomography (PET). This reflects increased glucose metabolism in these inflamed vessels.

Objectives We wanted to expand the FDG-PET technology to other patients with biopsy-proven vasculitis. We wondered if vasculitis could also be visualised in patients with other types of large vessel vasculitis, in patients with medium-sized vessel vasculitis and in patients with different forms of small vessel vasculitis.

Methods Patients with biopsy-proven vasculitis, different from GCA/PMR, who were admitted to the General Internal Medicine Department of the University Hospital Gasthuisberg, Leuven, Belgium underwent FDG-PET scan before eventual treatment with steroids was started. One hour before imaging, 6.5 Mbq/kg FDG were injected intravenously.

Results A total of 18 patients were included: 2 patients had large vessel vasculitis (1 Takayasu's arteritis, 1 periaortitis), 3 patients had medium-sized vessel inflammation (2 Churg-Strauss syndrome, 1 polyarteritis nodosa or PAN) and 13 patients had small vessel vasculitis (7 Wegener's granulomatosis, 2 Henoch-Schönlein purpura, 2 cutaneous polyarteritis, 1 relapsing polychondritis and 1 microscopic polyangiitis).

Aortic FDG-uptake was very intense in periaortitis and rather discrete, but persistent under steroid treatment in Takayasu's arteritis. There was no increased vascular FDG-uptake in patients with PAN or Churg-Strauss syndrome.

Increased FDG-uptake in the lungs was seen in Wegener's granulomatosis patients with lung involvement, as well as in the patient with microscopic polyangiitis and lung involvement. Cutaneous involvement of the legs in small vessel vasculitis is also reflected on FDG-PET scan, as well as bowel involvement in Henoch-Schönlein purpura. (Para) nasal involvement in Wegener's granulomatosis also produces a hot focus on FDG-PET scan.

Conclusion Apart from GCA/PMR, FDG-PET scan can also be used to visualise the inflamed thoracic arteries in those other – but much less frequent – large vessel vasculitides as there are

Takayasu's arteritis and periaortitis. In medium-sized vasculitis, FDG-PET scan seems to be of much less value. In small vessel vasculitis, internal organ involvement can be visualised, especially in the lungs. However, FDG-PET scan can not distinguish pulmonary vasculitic involvement from pulmonary infection, since both conditions induce more local FDG metabolism.

REFERENCES

- 1 Blockmans, *et al.* New arguments for a vasculitic nature of polymyalgia rheumatica using positron emission tomography. *Rheumatology* 1999;38:444–7
- 2 Blockmans, *et al.* Positron emission tomography in giant cell arteritis and polymyalgia rheumatica: evidence for inflammation of the aortic arch. *Am J Med.* 2000;108:246–9

Anti-phospholipid syndrome

AB0102 ANTIPHOSPHOLIPID SYNDROME (APS) IN CHILDREN

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10.1136/annrheumdis-2001.236

Background

Objectives To evaluate clinical features and management options of persistent antiphospholipid antibodies (aPL) in children.

Methods Retrospective chart review of patients, seen between 1987 and 2000.

Results Six patients with ages at diagnosis ranging from 9 to 13 years are presented. One of them with primary APS and 3 with SLE and asymptomatic aPL. The clinical manifestations are shown in the Table 1. All of the patients included were positive for lupus anticoagulant and all of them except the case 4 had positive tests for aCL and A β ₂GPI.

Abstract AB0102 Table 1 Clinical manifestations and treatment

	Thrombotic events	Prophylactic treatment	Outcome	Follow up (years)	Recurrences
Case 1	DVT+Pulmonary embolism	Warfarin	Resolved	7	No
Case 2	Transient ischaemic brain attack	Aspirin	Resolved	9	No
Case 3	DVT	Aspirin	Resolved	9	No
Case 4	-	Aspirin	Unchanged	9	-
Case 5	-	Aspirin	Unchanged	8	-
Case 6	-	Aspirin	Unchanged	8	-

Conclusion In paediatric patients with aPL, the risk of thrombosis, their recurrences and the management of oral anticoagulation may be different from adults.