concurrent venous thrombotic event in our group (in a patient without aPL-Abs). The presence of aCL was associated with extracranial large vessel vasculitis (RR 1.8 (95% CI 1.1–2.9)). Double- or triple-positivity for any combination of "classic" aPL (LA and/or aCL and/or abeta2GP1) emerged as a marker of severe visual manifestations (RR of 2.1 (95% CI 1.1–4.3) for permanent or transient visual loss in case of double or triple aPL positivity vs. LA, aCL and aβ2GP1 negative cases). At least 1 year follow-up data (median (IQR) of 103 (54; 105) weeks) were available for 73 patients. 32 patients (43.8%) relapsed, most frequently those with positive aβ2GP1 (62.5%).

Table 1. GCA and aPL

	All GCA	aPL	aCL positive	aB2GPI positive	aPS/PT e positive	LA positive
Number of cases	121	28	55	15	18	59
Female (%)	66.9	67.9	72.7	60.0	66.7	66.1
General symptoms (%)	76.0	67.9	78.2	66.7	66.7	81.4
Headache (%)	69.4	82.1	61.8	66.7	61.1	71.2
Jaw claudication (%)	42.1	46.4	43.6	33.3	22.2	44.1
Visual symptoms (%)	24.0	35.7	20.0	13.3	22.2	16.9
PVL or TVL (%)	12.4	14.3	16.4	13.3	5.6	11.9
PMR (%)	14.0	14.3	16.4	6.7	22.2	11.9
Stroke (%)	2.5	3.6	3.6	0	0	0
Venous thrombosis (%)	0.8	3.6	0	0	0	0
LVV (CDS) (%)	38.8	38.5	50.9	33.3	17.6	31.0
TA CDS (%)	80.2	78.6	74.5	80.0	88.9	79.7
TAB (%)	83.0	86.4	92.5	76.9	84.6	76.6
ESR (mm/h)#	86 (65; 110)	75 (61; 95)	83 (64; 107)	108 (94; 115)	88 (71; 118)	94 (73; 116)
CRP (mg/l)#	73 (45; 134)	62 (36; 124)	69 (44; 106)	95 (66; 164)	65 (52; 117)	113 (65; 170)
Relapse during follow up (%)	43.8	47.1	38.2	62.5	30.0	45.5

Legend: aPL antiphospholipid antibodies; TVL transient visual loss (amaurosis fugax); PVL permanent visual loss; TA temporal artery; TAB temporal artery biopsy; CDS color Doppler sonography; LVV large vessel vasculitis; ESR erythrocyte sedimentation rate; CRP C-reactive protein; #median (IQR).

Conclusions: Our results indicate that aCL could identify GCA patients with extracranial large vessel disease. The double- or triple-positivity for any combination of LA and/or aCL and/or aβ2GP1 seems to be a marker of severe visual manifestations.

Disclosure of Interest: None declared

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AB0553 UPDATED SYSTEMATIC REVIEW 2016: EFFICACY AND SAFETY OF BIOLOGICAL THERAPY COMPARED TO SYNTHETIC IMMUNOSUPPRESSANTS OR PLACEBO IN THE TREATMENT OF UVEITIS ASSOCIATED WITH BEHÇET'S DISEASE

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Background: Systematic treatment used in ocular involvement of Behçet's disease are corticosteroids, synthetic and biological immunosuppressants. The possible irreversible ophthalmological complications make it a priority to know the efficacy of these drugs.

Objectives: To analyze the efficacy and safety of biological therapy vs. Cyclosporin A (CsA), azathioprine (AZA), or placebo in reducing the number of uveitis relapses and improving visual prognosis in patients with Behçet.

Methods: Systematic search of the literature in MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials from its inception until August 22, 2016. In additional manual search in international conferences and in the references of included studies. Selection criteria: 1) adults with Behçet's disease and uveitis, 2) Biological therapies, 3) placebo or active comparator with CsA or AZA, 4) outcome measures to evaluate efficacy: number of recurrence of uveitis, visual prognosis, cystic macular edema, retinal vasculitis, vitritis, hypopyon and or adverse events. Meta-analyses, systematic reviews, clinical trials, and observational studies of >10 control patients were included. The selection, review and evaluation of the quality of the articles was carried out by 2 independent reviewers. The Oxford scale was used to determine the quality of studies.

Results: Of 256 articles, 9 met the inclusion criteria: 3 retrospective observational and 6 randomized clinical trials in 378 patients with Behçet and refractory uveitis to synthetic corticosteroids and/or immunosuppressants. The age range was 9–63 years, with male dominance and a follow-up period of 6–36 months. The different treatments: 3 observational studies compared infliximab (IFX) with CsA and IFX with CsA associated with AZA or methotrexate (MTX) and IFNα2a with AZA associated with CsA; 2 clinical trial (CT) compared adalimumab (ADA) with placebo; 1 CT RTX associated with MTX with ciclofosfamide (CFM) associated with AZA; 1 CT secukinumab (SECUK) with placebo; Another daclizumab (DACL) with placebo and the last pegIFN-α-2b with systemic and/or immunosuppressive corticosteroids. Adverse events were recorded as secondary outcomes in the 9 studies.

Conclusions: With variable evidence, IFX appears to be safe and more effective than CsA in reducing short-term uveitis relapse and the number of severe long term complications and retinal vasculitis flares. RTX is similar to CYA associated with AZA in improving short term inflammatory activity. ADA is more effective than placebo as a corticosteroid sparing, achieving early and sustained control in patients with intermediate, posterior, or active uveitis. PegIFNα-2b significantly reduced the dose of corticosteroids, and improved the quality of life. Treatment with IFNα-2a reduces the uveitis/year relapse rate and improves visual acuity. SECUK and DACL, are not effective in reducing uveitis flares but could have an effect on immunosuppressants sparing. The results of this review support the benefit of performing more well-designed comparative studies with IFX, ADA, RTX and IFN-α.

Disclosure of Interest: None declared

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AB0554 RELATIONSHIP BETWEEN DISEASE ACTIVITY AND NEUTROPHIL-LYMPHOCYTE RATIO, PLATELET-LYMPHOCYTE RATIO AND MEAN PLATELET VOLUME IN BEHÇET'S DISEASE

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Objectives: Behcet's syndrome (BS) is an autoimmune disease characterized by chronic inflammation and endothelial dysfunction. There are only a few studies examining the relationship between neutrophil-lymphocyte ratio (NLR), mean platelet volume (MPV), platelet-lymphocyte ratio (PLR) and BS. The aim of this study was to determine NLR, PLR and MPV levels and their association with disease activation in BS patients with mucocutaneous, ocular and vascular involvement.

Methods: The study included 259 patients with BS and 41 healthy individuals. Age, sex, total white blood counts, neutrophil, platelet, mean platelet volume and lymphocyte counts of the patients were recorded. Patients with inflammatory bowel, hematological, infectious, cardiovascular diseases, hyperlipidemia, chronic liver, chronic kidney disease, hypertension, diabetes mellitus, chronic obstructive pulmonary disease, malignancy and corticosteroid use were excluded from the study. Of 259 patients, 163 had active disease (75 active mucocutaneous (MC), 40 active ocular, 48 active vascular involvement) and 96 had inactive disease. MPV, NLR and PLR values of the patients were compared between the groups. P value <0.05 was considered significant.

Results: Age and sex were similar between the groups. We compared the MPV, NLR and PLR values of patients with active and inactive disease. NLR and PLR were significantly higher while MPV was lower in the active group than the inactive and control groups (Table 1). Statistically significant higher PLR and NLR were found in the active MC and vascular groups, significantly lower MPV was seen only in vascular active group. This significance was not seen in active ocular group (Table 2). We also evaluated the same patient's active and inactive periods of the disease, lower MPV, higher NLR and PLR values were seen MC and vascular groups (for all groups $p<0,05$). When the active 3 groups were compared within themselves, the MPV value was significantly lower and NLR and PLR values were significantly higher in vascular group than active ocular and active mucocutaneous groups (p=0.033, <0.001, 0.001, respectively).

Table 1. Demografic and laboratoary, characteristics

Baseline characteristics	Active BD n=163	Inactive BD n=96	Control n=41	p
Age, y (IQR)	35,7 (16,2)	31,3 (13,2)	38,4 (11,8)	0,143
Male, n (%)	69 (%42,3)	36 (%37,5)	10 (%24,4)	0,105
CRP, mg/L (IQR)	4,8 (20,9)	2,7 (5,1)	1 (2,9)	**<0,001**
ESR, mm/h (IQR)	24 (30)	12 (16)	11,5 (9)	**<0,001**
MPV (f/L)	8,5±1,1	8,9±1	8,8±0,9	**0,011**
NLR (IQR)	2,4 (1,7)	1,9 (1,0)	1,8 (0,8)	**<0,001**
PLR (IQR)	134 (63)	116 (44)	130 (65)	**0,012**

Table 2. MPV, NLR and PLR values

		MPV	NLR	PLR
Mucocutaneous Involvement	active (n=75)	8,6±1,0	2,4 (1,4)	134 (54)
	inactive (n=96)	8,8±1,1	1,9 (0,9)	118 (51)
	P	0,168	**0,009**	**0,006**
Ocular Involvement	active (n=40)	8,8±1,5	1,9 (1,3)	117 (43)
	inactive (n=96)	8,8±1,1	1,9 (0,9)	118 (51)
	P	0,807	0,716	0,386
Vascular Involvement	active (n=48)	8,1±0,9	3,2 (2)	161 (98)
	inactive (n=96)	8,9±1,1	1,9 (1,0)	116 (44)
	P	**<0,001**	**<0,001**	**<0,001**

Conclusions: The low MPV and the high NLR and PLR are found in the active disease, which is especially significant in vascular and mucocutaneous groups. In the light of our findings, NLR and PLR were associated with the activity of BS especially with vascular involvement. The low MPV and the high NLR and PLR. The low MPV and the high NLR and PLR may be useful disease activity markers in behcet's disease.