

according to Kerr index ( $\geq 2$ ), and had also evidence of active disease at PET/CT. Table 1 summarizes the main results of our study. Despite RTX treatment, 4 of the 7 patients had evidence of persistent disease activity and/or radiographic disease progression during follow-up. Three out of 7 patients in whom RTX was employed as rescue therapy achieved complete remission.

**Conclusions:** Our data do not support a role for RTX as first line biologic therapy in TAK patients, but it may have a role in some patients as second/third line biological therapy.

**References:**

[1] Hoyer BF et al. Takayasu arteritis is characterised by disturbances of B cell homeostasis and responds to B cell depletion therapy with rituximab. *Ann Rheum Dis* 2012;71:75–9. doi:10.1136/ard.2011.153007.

**Disclosure of Interest:** None declared

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**AB0564** **TEMPORAL ARTERITIS: IS THERE ANY CORRELATION BETWEEN ULTRASONOGRAPHIC ARTERIAL WALL INVOLVEMENT AND THE INFLAMMATORY CELLULAR INFILTRATE AT HISTOLOGICAL EXAMINATION?**

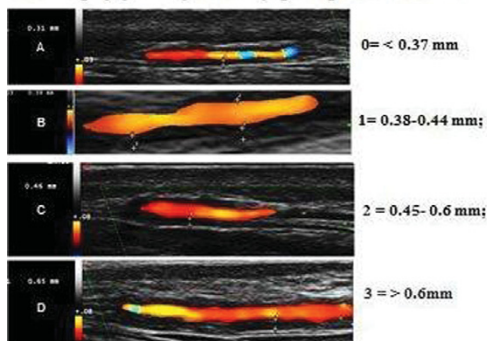
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**Background:** Ultrasonographic alterations such as the halo sign and the compression test are now accepted as surrogate markers of artery inflammation. No data have yet been published on the correlation between the ultrasonographic grading of arterial wall inflammation and the grading of cellular infiltrate.

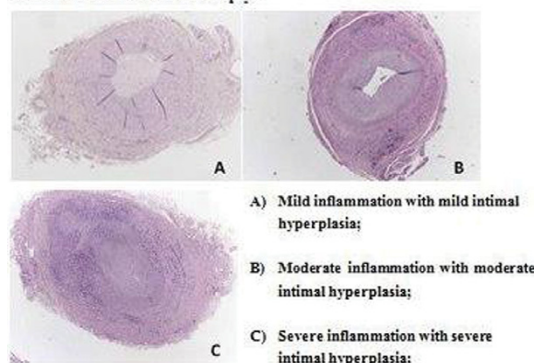
**Objectives:** To compare a semiquantitative ultrasonographic grading (USG) of TA involvement (halo sign and media-intima thickness) with a semiquantitative grading of the inflammatory burden in patients with giant cell (temporal) arteritis (GCA).

**Methods:** Fifteen consecutive patients with new onset clinical symptoms and satisfying ACR criteria for GCA, with positive halo sign in the frontal branch and positive temporal artery biopsy have been enrolled. For each patient we performed power Doppler ultrasonography of temporal artery with a 18–6 MHz linear probe (Esaote MyLab 70) and measured the maximum halo thickness of TA frontal branch in a quantitative and semiquantitative (0–3) grade of involvement (0 = <0.37 mm, 1 = in between 0.38–0.44, 2 = 0.45–0.6 mm, 3 = >0.6). TA biopsy was done in the same frontal branch evaluated with US. Then we compared the ultrasonographic data with a semiquantitative (0: absent, 1: mild, 2: moderate, 3: severe) grading of the transmural cellular inflammatory infiltrate and with the intima-media thickness of the TA biopsy specimen. Moreover US results were correlated with the other patterns of histological alterations (giant cells, calcifications, laminar necrosis). Correlation between variables was done by Rho of Spearman method.

**Ultrasonography of temporal artery: grading of Halo thickness**



**Grading of the transmural cellular inflammatory infiltrate and intima-media thickness of the TA biopsy.**



**Results:** 15 patients, 6 males and 9 females (mean age 71.6±7 years – duration symptoms at onset 1.7±1.3 months – mean ESR 60 mm/h ±29 – mean CRP 8 mg/dl ± 5.2) entered the study. US halo sign was bilateral in 10/15 (66.7%). The mean halo thickness was 0.53 mm ± 0.12. Five patients had USG =1, six patients =2 and four patients =3. The histological inflammatory grade 1 was present in seven pts, grade 2 in four and grade 3 in four pts. No significant correlation were found between USG and histological inflammatory grade, nor with the presence of giant cells, calcifications, laminar necrosis and intima-media thickness.

**Conclusions:** No correlation has been found between the size of the halo sign and the histological inflammatory grading.

**Disclosure of Interest:** None declared

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**AB0565** **INSUFFICIENT INFLUENZA VACCINATION COVERAGE IN GIANT CELL ARTERITIS. A FRENCH POPULATION-BASED STUDY**

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**Background:** French general health insurance scheme has implemented a national influenza vaccination program, including full refund for those 65 years old or more. Despite this program, only 62.6 to 71% of people aged over 65 years are vaccinated and no data are available regarding influenza vaccination coverage (IVC) in GCA.

**Objectives:** To evaluate the rate and the factors associated with seasonal influenza vaccination coverage in incident giant cell arteritis (GCA) patients compared with controls.

**Methods:** Using the French National Health Insurance system (SNIIRAM), we included patients with incident GCA from the Midi-Pyrenees region, southern France, and randomly selected 6 controls matched by sex and age at calendar date from January 2005 to December 2008 and followed them till April 2011. The vaccination rate was estimated from vaccine dispensation registered in the SNIIRAM. IVC was compared between GCA and their controls using longitudinal multivariate Poisson regression.

**Results:** Eighty-seven incident GCA patients over 65 years of age and 509 in the control group were included. Mean follow-up was 4.4±1.2 and 4.2±1.2 years, respectively. During the yearly influenza campaigns from 2005–2006 to 2010–2011, the IVC rates in the GCA group and the control group ranged from 60.8 to 74.7% vs 56.6 to 70.4%, respectively. Incident GCA influenza vaccination rate was 20% higher than controls (RR=1.20; IC 1.09 to 1.32, P<0.001) (Table 1).

**Table 1.** Associated factors with recommended influenza vaccination (Multivariate longitudinal Poisson analysis)

		Adjusted RR	IC 95%	P
GCA	GCA	1.20	1.09 - 1.32	< 0.001
<b>Comorbidity at baseline</b>				
	- High blood pressure	1.13	1.04 - 1.24	0.006
<b>Age, years</b>				
	] 64.4 ; 71.5]	1		
	] 71.5 ; 80]	1.15	1 - 1.32	0.048
	] 80 ; 91.9]	1.13	0.99 - 1.29	0.079
<b>Gender</b>				
	Female	1.05	0.96 - 1.16	0.259
<b>Time, influenza campaigns</b>				
	[2005 : 2008]	1		
	[2008 : 2010]	1.11	1.08 - 1.14	< 0.001
	[2010 : 2011]	1.05	1.02 - 1.08	0.002
<b>GCA*Time</b>				
	GCA * [2008 : 2010]	0.90	0.87 - 0.92	< 0.001
	GCA * [2010 : 2011]	0.77	0.72 - 0.83	< 0.001

GCA: giant cell arteritis, RR: Relative Risk, CI: Confidence Interval. GCA \*Time: the interaction term between to have GCA and time variable.

**Conclusions:** Rates of recommended influenza vaccinations are insufficient in GCA patients over 65 years. More attention should be paid for appropriate vaccination during GCA course.

**Disclosure of Interest:** None declared

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**AB0566** **18F-FDG-PET-POSITIVE TEMPORAL ARTERY IN GIANT CELL ARTERITIS: A POSSIBLE CORRELATION WITH HISTOPATHOLOGICAL FINDINGS**

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**Background:** Giant cell arteritis (GCA) a form of vasculitis in persons older than 50 years, in which cranial and systemic large vessels can be involved. <sup>18</sup>F-fluorodeoxyglucose positron emission tomography - computed tomography (<sup>18</sup>F-FDG-PET-CT) is increasingly used to diagnose inflammation of the large arteries in GCA. But it is very rare to observe an inflammation of temporal arteries of GCA using <sup>18</sup>F-FDG-PET.