Abstract AB0662 – Table 1

Case	Sex/Age at diagnosis of SGS	Time from diagnosis (months)	Manifestations of SGS	Manifestations of vasculitis/BVAS	ANCA	Treatment Induction (I) Maintenance (M)	Evolution
1	W/20	12	Stridor Dysphonia Bronchospasm	No systemic manifestations BVAS: 6	MPO	I: IV CYC+IV steroids M: MTX+oral steroids	Resolution
2	M/42	3	Dyspnoea Dysphonia Dyspnoea	Glomerulonephritis Interstitial lung disease Pulmonary nodules Otitis Rhinosinusitis Saddle nose Mononeuritis BVAS: 33	PR3	I:IV CYC+MP M: AZA	Infectious complications Gammaglobulin Treatment
3	W/35	6	Dyspnoea Stridor	Pulmonary nodules Rhinosinusitis Saddle nose Crusting BVAS: 9	PR3	I: oral CYC+oral steroids M: MTX + Oral steroids	Resolution
4	W/67	24	Stridor Dysphonia Cough	Crusting Rhinosinusitis Otitis Mononeuritis BVAS: 17	PR3	I: IV CYC+MP M: AZA Local treatment: dilatation with balloon	Restenosis with immunosuppression. Resolution with local treatment
5	W/27	24	Dyspnoea Stridor	Sensorineural hearing loss Arthritis Rhinosinusitis Crusting Pulmonary nodules BVAS: 10	PR3	I: MP+IV CYC Plasma exchange Balloon dilatation and intralesional Mitomycin C	Re stenosis with immunosuppression. Resolution with local local treatment
6	W/36	24	Cough Dyspnoea Stridor	Pulmonary nodules BVAS: 9	C (IFI)	I: IV CYC+MP M: oral steroids local dilatation with balloon	Resolution

scans had involvement at either or both of the axillary and subclavian territories. Femoral and iliac involvement alone was seen in 1.9% (n=1), and in addition to aortic involvement in 7.4% (n=4). In this latter group, it was limited to the abdominal aorta in half, and included 1 case of Retroperitoneal Fibrosis. 31.5% (n=17) had involvement in all 3 regions. 24.1% (n=13) had no supra-aortic involvement.

Conclusions: This cohort demonstrates LVV has a predilection for aortic and supra-aortic regions. High axillary and subclavian involvement supports the use of vascular ultrasound as an effective imaging tool. Further imaging would still be warranted if suspicion remained high despite negative ultrasound, or to assess for vascular complications and alternate pathology. ¹⁸F-FDG-PET/CT is not without limitations. Atherosclerosis and vascular remodelling display increased FDG uptake, so requires cautious interpretation. Further research on GC influence is also needed. As such it has a role in monitoring flaring or non-responsive patients, rather than routine interval scanning. For the latter, ultrasound may be an alternative, especially if there is previously documented intimal-medial thickening at ultrasound accessible sites.

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AB0664 LIFE EXPECTANCY IN PATIENT WITH GIANT CELL ARTERITIS (GCA): IMPACT OF VISION LOSS

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Background and purpose: Several epidemiologic studies reported increased mortality in patients with GCA, while others found that the overall survival was essentially identical to that of the general population. Those studies used different methods to calculate the mortality rates.

Objectives: In this retrospective study we evaluated longevity in a group of GCA patients using specific gender and age-matched life expectancy tables.

Methods: Medical records of patients diagnosed with GCA in one Medical Centre between 1980–1999 were reviewed for clinical parameters at the time of diagnosis and during the first year of treatment, and for time of death and cause of death. All patients diagnosed as GCA during that time period have already passed away. For each patient the observed survival was compared with the specific age and gender-matched life expectancy in the general population, based on life expectancy tables of the Israel Central Bureau of Statistics.

Results: 87 patients (51 females, 36 males) were included, their mean age at the time of GCA diagnosis was 73.9±8.4 and 75±8.1 years, respectively. The calculated mean life expectancy for this group of patients, from the time of diagnosis, was 14.1±6 years for females and 12±5.2 for males. However, the actual survival was significantly shorter, 7.5±6.2 years (p<0.001) in females, and 7.7±7.3 years (p=0.005) in males. Survival was not significantly affected by the intensity of inflammation at the time of diagnosis (based on the presence of fever, anaemia, sedimentation rate above 100 mm/h, thrombocytosis and leukocytosis), by the daily dose of prednisone at 1 year, or by the use of low-dose aspirin during the first year. However, vision loss at the time of presentation (n=13), was associated with further decrease in survival, 4.1±4.4 years compared to 8.3±6.8 years in GCA patients with no vision loss (p=0.035). Causes of death were defined in 54 patients. The leading causes of death were cardiovascular/cerebrovascular diseases, in 43% of the patients, slightly exceeding the respective rate in the age-matched general population (40%, p=0.8), and infectious diseases, in 37% of the patients, significantly exceeding the respective rate in the age-matched general population (22%, p=0.015).

Conclusion: Infectious diseases were often the cause of mortality in this group of GCA patients, relative to the background population. Survival following GCA diagnosis was significantly shorter than expected, especially in patients presenting with vision loss.

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AB0665 INTERSTITIAL LUNG DISEASE AMONG PATIENTS WITH GIANT CELL ARTERITIS

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Background: Lately interstitial lung disease (ILD) has been recognised more and more as a manifestation of primary systemic vasculitis, particularly among patients with microscopic polyangiitis (MPA), which is predominantly a disease of the elderly in Japan. Another primary systemic vasculitis that occurs frequently in