AB0668 TREATMENT OF THROMBOTIC EVENTS IN BEHÇET DISEASE: A SYSTEMATIC LITERATURE REVIEW

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Background: Behçet’s disease (BD) is a systemic disease which etiopathogene-
sis is largely unknown. It is characterised by a wide variety of clinical manifesta-
tions. Venous disorder is a serious manifestation being potentially life-
threatening. There is little evidence on the management of the venous complica-
tions in BD.

Objectives: To perform a systematic literature review on the treatment used in
venous thrombotic events in BD.

Methods: The objective was reformulated according to the PICO approach. Sev-
eral synonyms for the main components (i.e. Behçet, thrombosis, treatment) were
used. Search limits were applied for humans. The literature search was performed
in Medline and Embase from databases inception to 1st November 2017. Only
articles in English and Latin languages were retained. We excluded abstracts,
reviewarticles, and non-optimised group was performed.

Comparison between optimised
to conventional immunosuppressants. Following remission, optimisation was per-
formed by increasing the ADA dosing interval. Comparison between optimised
and non-optimised group was performed.

Results: The literature search resulted in 1552 articles, of which 632 were cap-
tured in Medline and 920 in Embase. Figure 1 shows the study flow-chart for
article selection. The main reasons for article exclusion after full-text review were
the lack venous involvement and the lack of explanation of venous involvement
treatment. 28 articles reporting 1904 patients were included in qualitative analysis.
The mean (range; SD) duration time between the disease onset and the vascular
onset was evaluated in 15 articles and was 4.9 (1.2–9.3; 2.7) years. Superficial
thrombosis was evaluated in 6 (21.4%) articles, profound thrombosis in 19
(67.9%) articles, cerebral in 7 (25%), superior or inferior cava vein in 15 (53.6%)
and Budd-Chiari syndrome in 8 (28.6%) articles. Table 1 shows the treatments
described in the selected articles. Treatment response was evaluated in 28
(71.4%) articles; in 7 of these treatments response was evaluated in a subjective
way. In total, 52 (2.7%) deaths were reported in relation to BD. In 319 (16.7%)
patients, partial efficacy or recurrence of thrombosis was reported. Considering
the heterogeneity of the reported data and the variability in the measures of treat-
ment response, predictors of mortality risk cannot be analysed. However, in the
reviewed articles, a higher mortality rate was observed in patients with hepatic
involvement due to Budd-Chiari syndrome. We have also observed a higher risk
for the development of venous thrombosis in patients with patergia phenomenon
and male sex. Two studies suggested that immunosuppressive treatment
concomitant with anticoagulant treatment is associated with a lower risk of throm-
bosis relapse compared with anticoagulant treatment alone.

Abstract AB0668 – Figure 1

Conclusions: There is a great variability in the treatment of venous thrombosis
related to Behçet’s disease. Budd-Chiari syndrome seems to be related to a
worse prognosis in BD.

Disclosure of Interest: None declared

AB0669 MAINTENANCE TREATMENT WITH ADALIMUMAB IN REFRACTIVE UVEITIS DUE TO BEHÇET’S DISEASE: OPTIMISED VS NON-OPTIMISED GROUP

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Background: Uveitis is the most common oculomotor manifestation in Behçet’s Dis-
ease (BD), which can cause irreversible blindness. 1,2

Objectives: To assess efficacy, safety and cost-effectiveness of adalimumab
(ADA) therapy optimisation in a series of patients with uveitis due to BD.

Methods: Multicenter study of 74 ADA-treated patients with BD uveitis refractory
to conventional immunosuppressants. Following remission, optimisation was per-
formed by increasing the ADA dosing interval. Comparison between optimised
and non-optimised group was performed.

Results: Ocular remission was achieved in 65 (86.6%) patients after a median
ADA duration of 6–12 months. ADA was optimised in 23 cases. In the remaining
42 ADA was maintained at 40 mg/sc2 weeks. No baseline differences were
found at ADA onset between the optimised and non-optimised groups. Ocular out-
comes were similar after a mean ±S.D. follow-up of 34.7±13.3 and 26±12.3
months in the both groups (table 1). Adverse effects were seen in non-optimised
group (lymphoma, pneumonia, local reaction and bacteremia). Mean ADA treat-
ment costs were lower in the optimised vs non-optimised group (6101.25 € /
patient/year vs 12399.48 €).

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