Abstract AB0669 – Table 1

### Background:
Retinal vasculitis (RV) is a serious complication of uveitis due to Behcet’s disease: a 1-year-follow-up study of 124 patients. Rheumatol. 2014; 53(12):2223–31

### Methods:
Multicenter study of patients with RV of BD refractory to corticosteroids and at least 1 conventional immunosuppressant (IS). We compared efficacy of IFX dose was as follows: 3 mg/kg/4–8 w (n=5), 4 mg/kg/4 w (n=1), 5–5.5 mg/kg/4–8 w (n=6).

### Results:
Follow-up IFX, an improvement in RV was seen, as well as in the other ocular outcomes. This enhancement was maintained (table 1). After a mean follow-up of 26.5±22.1 months, IFX was discontinued in 44: remission (n=15), primary failure (n=16), preference of another route of administration (n=8), pregnancy (n=1) and adverse effects (n=4).

### Conclusions:
A short/long-term treatment with IFX seems an effective short/long-term treatment in RV of BD.

### REFERENCES:

### Disclosure of Interest:
None declared

### DOI:

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Abstract AB0670 – Table 1

### Background:
Remitting seronegative symmetrical synovitis with pitting oedema (RS3PE) syndrome describes a clinical entity characterised by distal synovitis with pitting oedema, the absence of rheumatoid factor (RF) and an excellent response to glucocorticoid therapy. Most frequently associated with polymyalgia rheumatica (PMR), tenosynovial sheath inflammation represents the magnetic resonance imaging (MRI) hallmark of this condition, with concomitant joint synovitis also present in some cases. More recently, diffusely increased 18F-fluorodeoxyglucose (18F-FDG) uptake was visualised at the wrist joint and hand in a distinctive volar distribution.

### Objectives:
To document the clinical and radiologic appearance of RS3PE synovitis of the wrists in patients with newly diagnosed PMR.

### Methods:
Patients with newly diagnosed PMR were prospectively recruited as part of the Melbourne Predictors of Relapse in PMR (MPR-PMR) study. A standard physical examination was carried out with specific focus upon the presence of peripheral synovitis and pitting oedema. In patients with findings suggestive of RS3PE, clinical photography was undertaken. All study participants underwent a whole body PET/CT scan including dedicated views of the hands using the following protocol (S3PE, clinical photography was undertaken. All study participants underwent a whole body PET/CT scan including dedicated views of the hands using the following protocol.

### Results:
3/35 patients (0.86%) were noted to have distal synovitis and pitting oedema of the hands at enrolment. Mean age was 70.9±10.1 years, two patients were male, and all were Caucasian. RF and anti-citrullinated peptide autoantibodies were negative in all cases. On whole body PET/CT, intense 18F-FDG uptake was visualised at the wrist joint and hand in a distinctive volar distribution.

### Conclusions:
MRI of the wrist and hand in two participants (contraindicated in the third)

### REFERENCES:

### Disclosure of Interest:
None declared

### DOI:

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Abstract AB0671

### FIRST DOCUMENTATION OF RS3PE AFFECTING THE HANDS ON 18F-FDG WHOLE BODY PET/CT IN POLYMYALGIA RHEUMATICA

### Background:
Remitting seronegative symmetrical synovitis with pitting oedema (RS3PE) syndrome describes a clinical entity characterised by distal synovitis with pitting oedema, the absence of rheumatoid factor (RF) and an excellent response to glucocorticoid therapy. Most frequently associated with polymyalgia rheumatica (PMR), tenosynovial sheath inflammation represents the magnetic resonance imaging (MRI) hallmark of this condition, with concomitant joint synovitis also present in some cases. More recently, diffusely increased 18F-fluorodeoxyglucose (18F-FDG) uptake was visualised at the soft tissues around the ankles and feet has been described as the correlate of RS3PE on whole body positron emission tomography/computed tomography (PET/CT) scan.

### Objectives:
To document the clinical and radiologic appearance of RS3PE synovitis on the hands, 1st week, 1–6 months and 1–6 years.

### Methods:
Patients with newly diagnosed PMR were prospectively recruited as part of the Melbourne Predictors of Relapse in PMR (MPR-PMR) study. A standard physical examination was carried out with specific focus upon the presence of peripheral synovitis and pitting oedema. In patients with findings suggestive of RS3PE, clinical photography was undertaken. All study participants underwent a whole body PET/CT scan including dedicated views of the hands using the following protocol (S3PE, clinical photography was undertaken. All study participants underwent a whole body PET/CT scan including dedicated views of the hands using the following protocol.

### Results:
3/35 patients (0.86%) were noted to have distal synovitis and pitting oedema of the hands at enrolment. Mean age was 70.9±10.1 years, two patients were male, and all were Caucasian. RF and anti-citrullinated peptide autoantibodies were negative in all cases. On whole body PET/CT, intense 18F-FDG uptake was visualised at the wrist joint and hand in a distinctive volar distribution.

### Conclusions:
MRI of the wrist and hand in two participants (contraindicated in the third)