Abstract AB0669 – Table 1

	Optimized Group N=23	Non-Optimized Group N=42	P
Demographic features			
Age (years) (mean±S.D.)	37.2±13.4	39.1±9.3	0.5
Sex (n, %)	15/8	19/23	0.13
Positive HLA-B51 (%)	61	74	0.26
Duration of uveitis (months) prior to ADA (median [IQR])	43 [23-74.5]	24 [6-36]	0.1
Previous immunosuppressants (n) (mean±S.D.)	2±1.1	1.7±1.1	0.3
Ocular pattern at ADA onset			
BCVA (mean±S.D.)	0.81±0.36	0.55±0.33	0.46
AC cells (median [IQR])	0 [0-2]	1 [0-2]	0.85
Vitritis (median [IQR])	1 [0-2]	1 [0-2]	0.66
OCT (mean±S.D.)	306.7±122.9	332.8±129.1	0.51
Ocular pattern at last visit			
BCVA (mean±S.D.)	0.89±0.19	0.77±0.25	<0.01
AC cells (median [IQR])	0 [0-0]	0 [0-0]	0.7
Vitritis (median [IQR])	0 [0-0]	0 [0-0]	0.3
OCT (mean±S.D.)	250.5±17.9	249±26.1	0.87
Follow-up on ADA therapy, months, (mean±S.D.)			
Relapses, n (per 100 patients/year)	2 (3.0)	4 (4.4)	0.66
Severe side-effects, n (per 100 patients/year)	0 (0)	4 (4.4)	0.19
Cost mean, euros per year	6101.25	12339.48	<0.01

Conclusions: ADA optimisation in BD uveitis refractory to conventional therapy is effective, safe and cost-effective.

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AB0670

SHORT AND LONG-TERM TREATMENT WITH INFLIXIMAB IN RETINAL VASCULITIS OF BEHÇET'S DISEASE. MULTICENTER STUDY OF 72 PATIENTS

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Background: Retinal vasculitis (RV) is a serious complication of uveitis due to Behçet's disease (BD).¹⁻²

Objectives: We assess the short/long-term efficacy of Infliximab (IFX) in refractory RV of BD.

Methods: Multicenter study of patients with RV of BD refractory to corticosteroids and at least 1 conventional immunosuppressant (IS). We compared efficacy of IFX between baseline, 1st week, 1–6 months and 1–6 years.

Results: 72 patients/129 affected eyes (40♂/32♀) with mean age of 39.6±9.7 years. HLA-B51 was (+) in 63%. Before IFX onset, patients had received: oral/e.v. glucocorticoids (n=98), CyA (n=56), AZA (n=43), MTX (n=34) and other IS (n=22). IFX was used as monotherapy in 17 patients and combined with conventional IS in the remaining 55.

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=66).

Following IFX onset, 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).

Abstract AB0670 – Table 1

	Baseline	1 st week	1 st month	3 rd month	6 th month	1 st year	2 nd year	3 rd year	4 th year	5 th year	6 th year
Retinal Vasculitis (n, affected eyes, %)	117 (100%)	93 (79.5%)	45 (38.5%)	21 (17.9%)	13 (11.1%)	4 (3.4%)	4 (3.4%)	3 (2.6%)	1 (0.9%)	0 (0%)	0 (0%)
BCVA (mean±SD)	0.41±0.31	0.45±0.32	0.57±0.33	0.63±0.34	0.63±0.34	0.63±0.35	0.63±0.35	0.61±0.33	0.63±0.32	0.66±0.37	0.66±0.37
Tyndall (median [IQR])	1 [0-2]	0 [0-2]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]
Vitritis (median [IQR])	1 [0-2]	1 [0-2]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]	0 [0-0]
OCT (mean±SD)	346.9±140.7	339.6±125.6	310.6±111.4	285.6±74.5	264.7±57.1	268.6±52.7	265.2±51.3	253.8±31.0	239.8±33.8	208.6±26.0	194.7±4.1

*p<0.05

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

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- Calvo-Río V, Blanco R, Beltrán E, et al. Anti-TNF- α therapy in patients with refractory uveitis due to Behçet's disease: a 1-year follow-up study of 124 patients. *Rheumatol*. 2014; 53(12):2223–31
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AB0671

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

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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.^[1] 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.^[1] More recently, diffusely increased ¹⁸F-fluorodeoxyglucose (¹⁸F-FDG) uptake in 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).^[2]

Objectives: To document the clinical and radiologic appearance of RS3PE syndrome affecting the hands on MRI and whole body PET/CT in PMR patients.

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 Philips T/F machine prior to prednisolone commencement. To precisely identify anatomic correlates of abnormal ¹⁸F-FDG uptake in patients with RS3PE, MRI of the wrist and hand was performed using a 1.5 Tesla magnet.

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. MRI of the wrist and hand in two participants (contraindicated in the third)