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 month, +1 month, +6 months and +1 year.

Results: 72 patients/129 affected eyes (40–322) 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).

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

REFERENCES:


Disclosure of Interest: None declared

Abstract AB0671 – Table 1

Conclusions: A significant correlation of uveitis due to Behçet’s disease (BD) –1

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

BACKGROUND: Retinal vasculitis (RV) is a serious complication of uveitis due to Behçet’s disease (BD). –1

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 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. 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 in 1st–6 months and 1–6 years in PMR patients.

RESULTS: 3/35 patients (8.6%) 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)
confirmed flexor tenosynovitis (white arrows) and intercarpal synovitis as previously described on MRI.

REFERENCES:

Disclosure of Interest: None declared


Conclusions: On whole body PET/CT, RS3PE syndrome is associated with a distinctive volar pattern of abnormal $^{18}$F-FDG uptake at the wrist and hand, which correlates with flexor tenosynovitis and intercarpal synovitis as previously described on MRI.

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Disclosure of Interest: None declared


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