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

REFERENCES:

Disclosure of Interest: None declared


Abstract AB0671 – Table 1

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<td>IFX</td>
<td>19.0 (2.5)</td>
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<td>16.0 (2.5)</td>
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<td>placebo</td>
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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–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).

Disclosure of Interest: None declared


Abstract AB0670 – Table 1

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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.2 More recently, diffusely increased18F-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.

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 flood T/F machine prior to prednisolone commencement. To precisely identify anatomic correlates of abnormal18F-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. RhF and anti-citrullinated peptide autoantibodies were negative in all cases. On whole body PET/CT, intense18F-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.

Abstract AB0671 – Figure 1

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

REFERENCES:

Disclosure of Interest: None declared

AB0672
18F-FDG WHOLE BODY PET/CT AS A DIAGNOSTIC TEST FOR POLYMYALGIA RHEUMATICA IN PATIENTS WITH NORMAL INFLAMMATORY MARKERS
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Background: Despite abnormal C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) being required in the 2012 EULAR/ACR classification criteria, patients with normal inflammatory markers at diagnosis. 1 2 A characteristic pattern of 18F-fluorodeoxyglucose (18F-FDG) uptake is seen on whole body emission tomography/computed tomography (PET/CT) in PMR, hence this imaging modality may be a useful diagnostic test in this clinical scenario.

Objectives: To report the utility of whole body PET/CT for diagnosing PMR in patients with normal inflammatory markers and compare the clinical and radio-logic characteristics of this subgroup with patients from the Melbourne Predictors of Relapse in PMR (MPR-PMR) study.

Methods: Patients presenting with clinical features of PMR according to the 2012 EULAR/ACR classification criteria but normal CRP and ESR underwent 18F-FDG PET/CT as part of their diagnostic work-up. A whole body scan from skull vertex to feet (including dedicated hand views) was performed using the Philips T/F machine prior to prednisolone commencement. Qualitative and semi-quantitative (standardised uptake value maximum [SUVmax]) scoring of abnormal 18F-FDG uptake was undertaken. Newly diagnosed and untreated PMR patients who underwent the same 18F-FDG PET/CT protocol as part of the MPR-PMR study were used as the comparator group. Statistical analysis was conducted using Stata 13.1 (StataCorp, College Station, TX, USA).

Results: Three patients with normal inflammatory markers (Median CRP 1 [0.9–2], median ESR 61–77) underwent 18F-FDG PET/CT. Mean age was 60.15±7.55 years, two patients (66.67%) were male and all were Caucasian. Shoulder and hip pain was present in all cases, but only one patient reported peripheral joint involvement. Median early morning stiffness (EMS) was 30 min.16 On whole body PET/CT, characteristic 18F-FDG uptake was visualised in each patient at the shoulder capsule, trochanteric bursae and adjacent to the ischial tuberosities, with hip capsule involvement similarly present in 2/3. When compared with 35 patients from the MPR-PMR study, there were no statistically significant differences in the clinical characteristics nor the distribution or intensity of abnormal 18F-FDG uptake between the two populations.

Conclusions: In patients with suggestive clinical features but normal inflammatory markers, whole body PET/CT may be utilised to confirm a diagnosis of PMR.

REFERENCE:

Disclosure of Interest: None declared

AB0673
ANCA-ASSOCIATED VASCULITIS AND INFECTIONS: RETROSPECTIVE ANALYSIS IN A REFERRAL CENTRE
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Background: The antineutrophil cytoplasmic antibody (ANCA)-associated vasculitides (AAV) are rare multisystem autoimmune diseases of unknown cause, characterised by inflammatory cell infiltration causing necrosis of blood vessels. The AAV comprise granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA) and eosinophilic granulomatosis with polyangiitis (EGPA). The AAV are autoimmune diseases with potentially severe systemic involvement that require prolonged immunsuppressive therapy. Infection is a frequent complication in AAV and is associated with increased morbidity and mortality.

Objectives: The aim of this study was to define epidemiology, ANCA patterns, treatments, infections and outcomes of a series of 39 patients with AAV in 2014 to 2017 from a tertiary centre.

Methods: We retrospectively analysed 39 patients diagnosed with AAV between 1995 and 2017 from the Internal Medicine Department of a Spanish referral centre.

Results: A total of 39 patients were reviewed. 23 female (58.9%). Mean age at diagnosis was 55.6±6.7 years. Median time delay to diagnosis was 7.6 weeks. Median follow-up was 91.3 months. Most frequent AAV was MPA with 16 patients (46.2%), followed by GPA with 11 (28.2%) and EGPA with 10 (25.6%). 6 patients (15.4%) had a concomitant autoimmune disease: Systemic sclerosis, 6 Antiphospholipid syndrome, 2 Lupus and 1 Sjögren. Only 2 patients (5.1%) had previous infection with hepatitis C virus. Regarding the treatments, all patients received corticoids (bolas 24 patients, 61.5%), 29 (74.4%) cyclophosphamide, 10 (25.6%) rituximab, 19 (48.7%) azathioprine, 4 (10.3%) mycophenolate and 1 (2.6%) anticongestive. The mean follow-up was 91.3 months. Most frequent AAV was MPA with 16 patients (46.2%), followed by GPA with 11 (28.2%) and EGPA with 10 (25.6%). 6 patients (15.4%) had a concomitant autoimmune disease: Systemic sclerosis, 6 Antiphospholipid syndrome, 2 Lupus and 1 Sjögren. Only 2 patients (5.1%) had previous infection with hepatitis C virus. Infections were a frequent complication in patients with AAV and is associated with increased morbidity and mortality.

Disclosure of Interest: None declared