RISK FACTORS OF ATHEROSCLEROSIS IN PATIENTS WITH TAKAYASU’S ARTERITIS

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Background: The incidence of atherosclerosis (As) in Takayasu’s arteritis (TAK) was significantly higher than that of other people of the same age and gender. The incidence of carotid artery plaque in TAK patients was 27%, while only 2% of the age and sex matched controls were in the control group. Autopsy studies showed atherosclerosis lesions were found in arterial wall in TAK. Inflammation of the vascular wall may promote As in TAK, which may be related to the disorder of lipid metabolism disorder, which accelerates the development of As. The ratio of low-density lipoprotein cholesterol (LDL-C)/high-density lipoprotein cholesterol (HDL-C) predicted As progression better that LDL-C or HDL-C alone. Higher triglyceride (TG)/HDL-C ratio was found to be associated with presence of endothelial dysfunction and As.

Objectives: The aim of this study is to investigate the clinical manifestations, serological and imaging features in TAK with As and non-As, to find the risk factors of As in those patients.

Methods: A retrospectively study of 105 patients in TAK were divided into 2 groups according to with or without As. We compared the difference of general information, traditional risk factors, disease activities and imaging features between 2 groups. Logistic model were used to determine the risk factors of As in TAK patients.

Results: In this study, 53 patients (50.4%) with TAK were had As. The duration of disease in TAK patients with As significantly longer than non-As group (p=0.011). LDL-C/CHDL-C ratio in TAK with As significantly higher than non-As (p=0.025). Serum level of CRP in TAK with As patients lower than non-As patients. In disease activities, there were no differences in Kew score and ITAS between 2 groups. The traditional risk factors of As in both groups were compared, hypertension (p=0.001) and family history of As (p=0.012) were all higher in As group than non-As group. In As group, most common angiographic type was Numano type V, which was higher than that in non-As patients (58.49% vs 38.46%, p=0.040). Logistic regression showed the age above 40 years old is 5.196 times higher than the patients who are under 40 (p=0.002, 95%CI:1.843–14.648) to develop to As. The incidence of As increased by 2.945 times every 5 years (p=0.003, 95%CI:1.431–6.062). History of hypertension more risk to As (p=0.029, OR=4.088, 95%CI:1.153–14.494). More important, the LDL-C/HDL-C ratio was above the predicted cut-off value 3.083, the incidence of As increased by 8.515 times (p=0.023, 95%CI:1.343–53.976), the TG/HDL-C ratio was above predicted 0.909 cut-off value, the incidence of As increased by 3.725 times (p=0.024, 95%CI:1.185–11.711).

Conclusions: Our study showed the duration of disease and LDL-C/HDL-C more higher in TAK patients with As than without As. Age >40 years old, the duration of disease, hypertension, TG/HDL-C and HDL-C/HDL-C ratios were the risk factors of As in TAK patients.

REFERENCES:

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RHEUMATOID FACTOR POSITIVITY IS RELATED TO CLINICAL AND IMMUNOLOGICAL CHARACTERISTICS IN PATIENTS WITH EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS

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Background: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare anti-neutrophil cytoplasmatic antibody (ANCA)-associated vasculitis (AAV), which is characterised by vasculitis with allergic features such as asthma and eosinophilia. Although rheumatoid factor (RF) positivity is known to be as high as 37%–50% in AAV patients the clinical significance of RF-positivity remains unknown.

Objectives: To investigate clinical features in patients with RF in EGPA.

Methods: Consecutive patients who were diagnosed with EGPA between January 2008 and January 2018 in Keio University Hospital were enrolled. Clinical information were collected from medical records retrospectively. We divided patients into 2 groups according to RF positivity, and compared clinical features.

Results: Seventeen patients were enrolled in the study. The mean age was 57.4 years old, and 82% were female. Among them, 11 patients were RF positive (RF positive group) and 6 patients were negative (RF negative group). The female ratio tended to be higher in the RF positive group than the negative group (82% vs 50%, p=0.087). While the Birmingham Vasculitis Activity Score was comparable between the two groups (21.5 vs 17.3, p=0.329), general symptoms (fever and weight loss) and gastrointestinal lesions were more frequent in the RF positive group (55% vs 17%, p=0.072; 45% vs 17%, p=0.137) and central nervous involvement was less frequent (18% vs 67%, p=0.024). No patient with negative RF presented with arthralgia/arthritis. The count of eosinophils and IgA levels at diagnosis were significantly higher in the RF positive group than the RF negative group (15704/µL vs 4751/µL, p=0.009; 238 mg/dL vs 162 mg/dL, p=0.048). Interestingly, ANCA positivity was negatively correlated with RF positivity. MPO-ANCA was positive in 27% of the RF positive group and in 86% of the RF negative group (P<0.009; 238 mg/dL vs 162 mg/dL, p=0.048). Interestingly, ANCA positivity was negative correlated with RF positivity.

Conclusions: RF positivity was associated with clinical and serological characteristics in patients with EGPA, suggesting different pathogenesis or immunological disturbances is related.


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