Abstract AB0714 – Figure 1

Conclusions: MLR was elevated in BD patients as compared to control group, having a close relationship with disease activity.

REFERENCES:


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Abstract AB0715

Giant cell arteritis is comorbid with tuberculosis

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Background: Giant cell arteritis (GCA) is a medium- and large-vessel vasculitis with an onset age after 50 years, whereas Takayasu arteritis (TA) is a rare large-vessel vasculitis with an onset age younger than 40 years. The association between TA and tuberculosis (TB) was suggested. However, the association between GCA and TB was rarely reported.

Objectives: To understand the association between TA and TB

Methods: Clinical data between November 1998 and October 2017 at PUMCH, Beijing, China, were retrospectively reviewed. Ninety-one patients diagnosed with GCA were included in the study. Precise clinical data were collected and analysed.

Results: A total of 20 patients (22.0%) had a history of active tuberculosis and received anti-tuberculosis therapy. On comparing the clinical features of the patients with TB and those without TB, obvious weight loss (p = 0.011), lower percentage of dyslipidemia (p = 0.042), higher percentage of anti-phospholipid antibodies (p = 0.010), and lower white blood cells (p = 0.006) were noted in the TB group.

Abstract AB0715 – Table 1. Clinical features and comorbid diseases of the patients with TB and without TB

<table>
<thead>
<tr>
<th></th>
<th>GCA with TB</th>
<th>GCA without TB</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (year, diagnosis)</td>
<td>65.10±6.39</td>
<td>65.38±7.51</td>
<td>0.886</td>
</tr>
<tr>
<td>Scap tenderness or pain</td>
<td>2 (10)</td>
<td>22 (31.0)</td>
<td>0.060</td>
</tr>
<tr>
<td>Tenderness and abnormal pulsation of temporal artery</td>
<td>6 (30)</td>
<td>13 (18.3)</td>
<td>0.256</td>
</tr>
<tr>
<td>Visual loss</td>
<td>8 (40)</td>
<td>25 (35.2)</td>
<td>0.694</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>3 (15)</td>
<td>20 (28.2)</td>
<td>0.231</td>
</tr>
<tr>
<td>Jaw claudication</td>
<td>6 (30)</td>
<td>20 (28.2)</td>
<td>0.873</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>11 (55)</td>
<td>36 (50.7)</td>
<td>0.734</td>
</tr>
<tr>
<td>GI symptoms</td>
<td>5 (15)</td>
<td>11 (15.5)</td>
<td>0.221</td>
</tr>
<tr>
<td>Weight loss</td>
<td>18 (80)</td>
<td>34 (47.9)</td>
<td>0.011</td>
</tr>
</tbody>
</table>

Conclusions: This study demonstrated that the percentage of TB history in patients with GCA was higher than that in the general population. The definite association between TB and GCA remains unknown. Hence, further studies are required to elucidate the mechanisms underlying TB in the pathogenesis of GCA. Clinicians should recognize the possibility of comorbid TB in patients with obesity weight loss and relatively lower white blood cell count.

REFERENCES:

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