

**Conclusions:** Unlike current guidelines, in clinical practice a long-term treatment with GCs is often necessary in PMR. There is need to investigate novel treatments for PMR. This preliminary data suggests that aminobisphosphonates may have a role in the management of PMR.

**Disclosure of Interest:** None declared

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**THU0435 LONG-TERM OUTCOME AND PROGNOSIS FACTORS OF COMPLICATIONS IN THROMBOANGIITIS OBLITERANS (BUERGER'S DISEASE): A MULTICENTER STUDY OF 224 PATIENTS**

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**Background:** Buerger's disease or thromboangiitis obliterans (TAO) is a non-atherosclerotic arteritis of distal extremities. Data regarding long term outcome of patients with Buerger's disease or thromboangiitis obliterans (TAO) are lacking and most series come from Middle-East and Far-East.

**Objectives:** We aim report clinical presentation and assess long-term outcome and prognosis factors in a large cohort of TAO.

**Methods:** Retrospective multicenter study of characteristics and outcomes of 224 TAO patients fulfilling Papa's and/or 5 Shinoya's criteria were analysed. Factors associated with vascular event free survival and amputation free survival were identified.

**Results:** The median age at diagnosis was 38.5<sup>32-46</sup> years, 51 (28.5%) patients were female and 81.5% were Caucasians. All but 3 were smokers with a median of 22 pack-year and 22.8% were also addict to cannabis. At diagnosis, 53% had claudication, 73% trophic disorders and 8.8% an infection. Lower extremities and upper extremities were affected in 54% and 28% respectively. Superficial vein thrombosis, Raynaud's phenomenon and arthralgia occurred in 18%, 41% and 8%, respectively.

Ethnic group (non-Caucasian) and ischaemic ulcers or necrosis were independent factors of vascular events HR=7.67 [3.1-19.2] p=0.005 and 2.28 [1.3-4] p<0.001. At 15 years, amputation-free survival and major amputation-free survival were 66% and 91%, respectively. Infection was the only independent predictive factor of amputation HR=4.6[1.9-11], p<0.001. Age, sex and cannabis addiction were not associated with events or amputation. Patient who stopped their tobacco consumption had lower vascular event (p=0.029) and amputation rate (p=0.001) than those who continued. Three patients died during follow-up.

**Conclusions:** This nationwide study shows that 34% of TAO patients will experience an amputation within 15 years from diagnosis. We identified specific characteristics that identified those at highest risk for subsequent vascular complications.

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**THU0436 INCIDENCE, PREVALENCE, MORTALITY AND CHRONIC RENAL DAMAGE OF ANCA-ASSOCIATED GLOMERULONEPHRITIS IN A 20 YEAR POPULATION-BASED COHORT**

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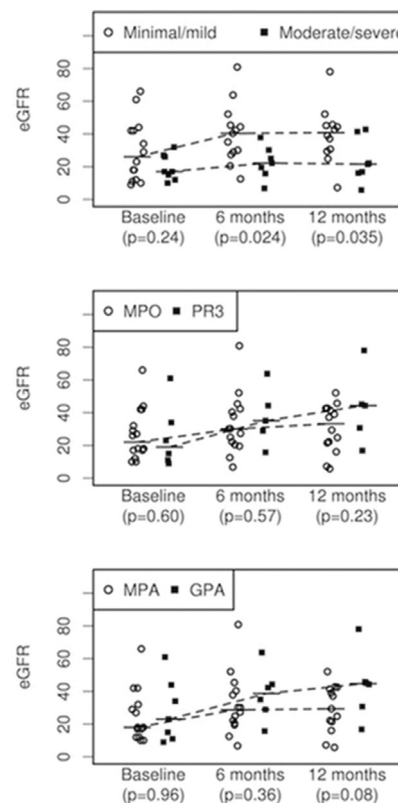
**Background:** True population-based incidence rates of ANCA-associated glomerulonephritis (AAGN) are lacking.

**Objectives:** We aimed to estimate incidence, prevalence and mortality of AAGN, and to assess if the grade of chronic renal damage at presentation predicts renal and non-renal outcomes.

**Methods:** A population-based incident cohort of 57 Olmsted County residents diagnosed with ANCA-associated vasculitis (AAV) in 1996-2015 was identified

by medical record review. AAGN was defined as an increase in creatinine >30% and/or a decrease in estimated glomerular filtration rate >25%, and/or the presence of urine red cell casts or hematuria and/or biopsy-proven necrotizing and/or crescentic glomerulonephritis. Incidence rates were age- and sex-adjusted to the 2010 US white population. Age- and sex-adjusted prevalence was calculated for January 1, 2015. Survival rates were compared with expected rates in Minnesota population. Chronic renal damage was assessed by chronicity score (CS) from biopsies performed at diagnosis.

**Results:** Thirty-four (60%) patients had AAGN. Of these, 65% had microscopic polyangiitis (MPA), and 74% were myeloperoxidase (MPO)-ANCA-positive. The annual incidence of AAGN was 2.0/100,000 population (95% CI:1.3-2.7), the overall prevalence was 35/100,000 (95%CI:24-47). Mortality for AAGN was increased (p<0.001), whereas mortality for AAV without glomerulonephritis did not differ from the general population. Minimal/mild CS predicted recovery of renal function at 1 year (p=0.035; **figure 1A**); clinical diagnosis (granulomatosis with polyangiitis (GPA) versus MPA) and ANCA-specificity (proteinase 3(PR3)-AAV versus MPO-AAV) did not (**figure 1B-C**).



**Conclusions:** Annual incidence and prevalence of AAGN in Minnesota are 2.0/100,000 and 35/100,000, respectively. Mortality is worse compared to AAV patients without glomerulonephritis. More advanced renal damage at diagnosis predicts less renal recovery.

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