Results: 23 LVV patients were included, 56.5% GCA, 34.8% TAK and 8.7% isolated aortitis, all Caucasian, mostly females (82%). We considered 55 PET scans, 32/55 in LVV group (from min. 1 to max. 3 scans/patient) mainly during follow-up (29/32 scans), and 23/55 in control group. Considering patients with abdominal aorta involvement, we found higher SUV max compared to controls, in all sites, regardless of disease activity. Mean WT resulted higher in patients than controls, low radiological exposure represents a valid alternative to PET/CT for disease monitoring, especially in young women.

Conclusions: PET/MR is a safe imaging technique capable of detecting vasculitic inflammation, similar to PET/CT, but with a greater anatomical definition. The low radiological exposure represents a valid alternative to PET/CT for disease monitoring, especially in young women.

Disclosure of Interest: None declared


THU0462

LONG TERM FOLLOW-UP RESULTS OF TAKAYASU ARTERITIS COHORT: A TERTIARY-SINGLE CENTRE STUDY

S. Kaymaz Tahra, F. Albaz-Oner, H. Direskeneli. Department of Rheumatology, Marmara University, Istanbul, Turkey

Objectives: To assess the clinical characteristics and long term follow-up outcomes of patients with Takayasu arteritis (TAK) in a tertiary referral centre.

Methods: In this retrospective study, 107 (F/M: 96/11) patients fulfilling ACR 1990 criteria for Takayasu Arteritis and referred to our centre between 2004 and 2017 were investigated. All clinical and demographic data during first diagnosis and longitudinal follow-up were abstracted from medical records. Relapse was defined according to the physician’s global assessment (POA).

Results: The median age was 30 (14–67) years at symptom onset and 33 (14–68) years at diagnosis. Median follow-up duration was 72 (6–264) months. According to Hata Angiographic Classification, Type 5 (51.8%) and Type 1 (38.8%) were the most common patterns with the most frequently affected vessel subclavian artery (82.2%). At diagnosis 0.5–1 mg/kg/day corticosteroid treatment was started in 94.6% patients and a steroid-sparing immunosuppressive (IS) agent in 96.3% of the patients. An initial pulse steroid (1 g/day) therapy was chosen for 8 patients. 94.6% patients and a steroid-sparing immunsuppressive (IS) agent in 96.3% of the patients. An initial pulse steroid (1 g/day) therapy was chosen for 8 patients.

Disclosure of Interest: None declared