in 3/5 patients with SVCS and 1/1 patient with vascular involvement without a SVCS and 4/6 healthy controls.

Abstract THU0464 – Table 1. Demographic characteristics and variables associated with obstructive sleep apnea

	Group 1 (BS patients with SVCS) (n=28)	Group 2 (BS patients with vascular involvement without SVCS) (n=80)	Group 3 (BS patients with no vascular involvement) (n=59)	Group 4 (Healthy controls) (n=80)	p value
Age, mean ±SD, years	44.3±9.7	42.1±7.8	41.9±5.9	42.7±9.7	0.051
Disease duration, mean±SD, years	18.7±9.4	14.6±7.7	12.5±6.5		0.001
Hypertension, n (%)	4 (14.3)	6 (7.5)	2 (3.4)	4 (5)	NS
BMI, mean ±SD	26.8±4.7	26.4±3.9	26.2±3.3	27.0±3.5	NS
High risk for OSA, n (%)	16 (57.1)	12 (15)	5 (8.5)	9 (11.3)	<0001

Conclusions: This study shows that BS patients with a history of VCSS are at high risk of OSA. This is probably due to the external pressure of the significant venous collaterals on the upper airways.

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Disclosure of Interest: None declared

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THU0465 A LONGITUDINAL STUDY OF NEUTROPHIL PHENOTYPE CHANGES IN GIANT CELL ARTERITIS

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Background: Neutrophils with differential surface protein expression were recently implicated in pathogenesis of Giant Cell Arteritis (GCA)¹. However, data are lacking with regard to treatment-naïve GCA and their long-term follow-up.

Objectives: To determine the expression of I-selectin (CD62L) and integrin α M (CD11b) on CD16⁺ neutrophils in peripheral blood of newly diagnosed, treatment-naïve GCA cases, at the time of diagnosis (time 0) and during follow-up - at week 1, 4, 12, 24 and 48. In parallel, we aimed to measure also sera levels of serum amyloid A (SAA) and interleukin-6 (IL-6).

Methods: Peripheral blood from 33 treatment-naïve GCA patients and 16 healthy blood donors (HBD) was stained, lysed, fixed and analysed by flow cytometry (Miltenyi). SAA and IL-6 were measured by nephelometry and ELISA, respectively. 3/33 GCA patients experienced relapse and were analysed separately during follow-up, at the time of relapse and 12 weeks after relapse. At the time of diagnosis, all patients received steroid treatment and therapy tapering started after 4 weeks. At week 12, some of the patients (14/22) received leflunomide, in addition to steroid therapy.

Results: Expression of CD62L, but not CD11b, was significantly higher on CD16⁺ neutrophils in treatment-naïve GCA patients (median; IQR: 72.5; 56.2–100.7), as compared to HBD (55.9; 44.5–70.6, $p=0.017$). Longitudinally, the expression of CD62L significantly decreased in GCA patients from day 0 to week 4 ($p=0.005$). At week 12 there was an elevation in CD62L which escalated also at week 24. Patients receiving steroids only showed a marked increase at week 48, while patients receiving also leflunomide exhibited a decrease (Fig 1). Expression of CD11b declined from day 0 to week 4, but substantially increased throughout weeks 12, 24 and 48, regardless of therapy used. SAA and IL-6 declined sharply from day 0 to week 1 and 4, with gradual elevation of both at week 12. There was a decline in SAA levels observed in all patients at week 24, while IL-6 increased in patients receiving only steroids. These patients exhibited further elevation of both markers at week 48, while patients receiving steroids, in combination with leflunomide, showed a decrease. In 2/3 patients who experienced a relapse, we could observe an increase in the expression of CD62L at the time of relapse, which was found to be decreased again 12 weeks later. A similar trend was observed for IL-6.

Conclusions: Neutrophil CD62L could represent a good surface marker for detection of relapse in GCA. A distinct dichotomy was found for CD62L, as well as SAA and IL-6 in GCA during long term follow-up, with the combination of steroids with leflunomide showing more optimal results.

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THU0466 SEXUAL DYSFUNCTION AND DEPRESSION IN BEHCET'S DISEASE – ARE THERE DIFFERENCES REGARDING PATIENT'S ORIGIN

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Background: Behcet's disease (BD) is a systemic vasculitis of veins and arteries characterised by oral and genital ulcers (aphthae), skin lesions and uveitis. BD is more common in Middle Eastern countries and Asia but also occurs in Caucasian people.

Objectives: Aim of this study was to evaluate the prevalence of sexual dysfunction (SD) in patients with BD as well as analysing differences between patients from different origins. Additionally we investigated the prevalence of depression in both ethnic groups.

Methods: This prospective, monocentric study included 106 patients with BD. The International Index of Erectile Function (IIEF) and the Female Sexual Function Index (FSFI) were used for assessing sexual dysfunction and the Beck Depression Inventory (BDI) was used for depression assessment.

Results: The mean age of our group was 40.5 years. Half of the patients had Middle Eastern and half Caucasian origin. SD was found in 24.5% of all subjects. Only 6.9% of the male patient's group showed signs of SD, while half of the women's group was suffering from SD ($p<0.001$). The prevalence for SD was significantly higher in women with Middle Eastern origin compared to women with Caucasian origin (75% vs. 33.3%, $p=0.024$). Genital ulcers affected 73.6% of all patients. Depression was found in 36.7% of all subjects. Both SD and depression correlated positively in males ($p=0.017$) and females ($p=0.013$).

Conclusions: SD and depression are very common problems in BD and should be addressed by the treating physician. Both manifestations are intensifying each other.

Disclosure of Interest: None declared

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THU0467 EFFICACY AND PATENCY OF REVASCULARISATION IN PATIENTS WITH THROMBOANGIITIS OBLITERANS (BUERGER'S DISEASE)

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Background: The cornerstone of therapy in thromboangiitis obliterans (TAO) is complete abstinence from tobacco. In addition to discontinuation of cigarette smoking, very few pharmacological and surgical options of controversial efficacy are available to date. TAO is associated with a high amputation rate because of tobacco continuation, medical therapy failure, and desert foot with no revascularisation option. Endovascular or bypass revascularisation patency and efficacy are poorly described in the literature.

Objectives: To describe the results of the French National Reference Centre on TAO on revascularisation modalities, their patency and efficacy.

Methods: Among the 198 patients followed in our centre, we retrieved data from 19 patients for who a revascularisation procedure has been attempted. Patency was assessed on angioCT scan and Duplex ultrasounds performed during follow-up. Efficacy was assessed according to clinicians in charge of the patient, and if