was much more common among adults (table 1). The number of PAN patients declined significantly after 2010 (figure 1). 9 patients were re-categorised as DADA2 after 2014 and no patient were diagnosed with FMF+. PAN after 2008

Abstract FRI0496 – Table 1. Characteristics of paediatric and adult PAN patients

Features, n (%)	Patients (n=133)	Paediatric patients (n=66)	Adult patients (n=67)	P value
Gender, female	55 (41.4)	35 (53)	20 (29.8)	0.07
Fever	86 (64.7)	50 (75.7)	36 (52.9)	0.06
Myalgia	79 (59.4)	48 (72.7)	31 (46.2)	0.01
Abdominal pain	65 (48.9)	40 (60.6)	25 (37.3)	0.05
Weight loss	56 (42.1)	20 (30.3)	36 (53.7)	0.06
Arthralgia	87 (65.4)	48 (72.7)	39 (58.2)	0.06
Arthritis	23 (17.3)	11 (16.6)	12 (17.9)	0.58
Skin involvement	108 (81.2)	63 (95.5)	45 (67.2)	<0.001
GI ^a involvement	32 (24.1)	17 (25.7)	15 (22.3)	0.64
Renal involvement	54 (40.6)	22 (33.3)	32 (47.7)	0.09
Cardiac involvement	10 (7.5)	8 (12)	2 (2.9)	0.04
Neurologic involvement	43 (32.3)	14 (21.2)	29 (43.2)	0.007
WBC ^a , x10 ³ /mm ³	10400 (4200–32000)	11800 (4300–32000)	9850 (4200–21800)	0.02
PLT ^a , x10 ³ /mm ³	365000 (259000–726000)	456000 (259000–696000)	300000 (268000–726000)	<0.001
CRP ^a , mg/dl	5.22 (0–46)	4.6 (0.1–46)	5.8 (2–29.8)	0.88
Exitus	6 (4.5)	0 (0)	6 (8.9)	0.007

^aCRP, C reactive protein; GI, gastrointestinal; PLT, platelet; WBC, white blood cell

Abstract FRI0496 – Figure 1. Distribution of the PAN patients by years

Conclusions: Our results suggest a decrease in PAN in our country which may be due to improved healthcare and dissecting mimicking diseases. Further prospective studies with prolonged follow-up could help us to better understand the disease characteristics.

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FRI0497 CLINICAL CHARACTERISTICS AND TREATMENT OUTCOMES OF PATIENTS WITH BEHÇET'S DISEASE AND VASCULAR INVOLVEMENT

H. Kim¹, Y. Eun¹, I.Y. Kim¹, H. Jeong², E.-J. Park³, J. Hwang⁴, J.Y. Chai⁵, J. K. Ahn⁶, J. Lee¹, E.-M. Koh¹, D.-K. Kim¹, H.-S. Cha¹. ¹Internal medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul; ²Internal medicine, Soonchunhyang University Hospital, Bucheon; ³Internal medicine, Seoul Medical center; ⁴Internal medicine, National Police Hospital, Seoul; ⁵Internal medicine, Bundang Jeseang Hospital, Seongnam; ⁶Internal medicine, Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, Seoul, Korea, Republic Of

Background: The international Chapel Hill Consensus Conference (CHCC) categorised Behçet's disease (BD) as variable vessel vasculitis, which was defined as vasculitis that can affect vessels of any size and type. Vascular manifestations

have been reported in up to 50% of patients with BD, most commonly as venous thrombosis.

Objectives: The aim of this study is to investigate characteristics and treatment outcomes of patients with vascular BD, particularly with large vessel involvement.

Methods: A retrospective review was performed on 2496 patients with ICD-10 code of Behçet's disease and/or aortic disease who visited Samsung Medical Centre between 2004 and 2014. Patients who were suspected to have BD and vascular involvement were enrolled.

Results: Eighty-three patients with clinical features of BD and vascular involvement were identified. Although less than half satisfied the classic International Study Group (ISG) criteria, greater proportion fulfilled the International Criteria for BD (ICBD), and all of the patients satisfied at least "suspected BD" according to the Japanese criteria. Fifty patients had arterial lesions including 34 with aorta involvement. Another 33 patients had venous thrombosis without arterial lesions. Patients showed a male predominance (87%) and a predilection of young age with the median of 42 years old. The most prominent type of arterial lesions was aneurysm (80%) with a high frequency of pseudoaneurysms. Among the aorta, the thoracic aorta was most commonly involved and 18 patients had aortic valve regurgitation. Seventy-five (90%) patients received glucocorticoids with a median initial dose of prednisolone of 30 mg per day and 68 (82%) received immunosuppressive treatment. Half of the patients had more than one relapse after stabilisation of the first vascular event. During the course, 44 patients underwent surgery and/or endovascular treatment and 60% of these patients had repeated treatment for the relapse. These included 31 aortic valve replacements on 13 patients.

Conclusions: Patients with vascular BD showed a predilection of young male and 60% of patients had arterial involvement. The aorta was affected in more than half of the patients who had arterial involvement. Aneurysmal change was frequent finding and relapse rate was high during disease course. Further studies into a practical and specialised diagnostic tool for vascular BD and optimal treatment strategies are required.

Disclosure of Interest: None declared

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FRI0498 COMPARATIVE STUDY OF THE TREATMENT OF REFRACTORY CYSTOID MACULAR OEDEMA TO CONVENTIONAL IMMUNOSUPPRESSIVE THERAPY: TOCILIZUMAB VS ANTI-TNF. MULTICENTER STUDY OF 59 PATIENTS

J.L. Martín-Varillas¹, V. Calvo-Río¹, R. Demetrio-Pablo¹, B. Atienza-Mateo¹, J. Loricera¹, M.V. Hernández², A. Adán², M. Mesquida³, S. Insua³, J.M. Herreras⁴, O. Maiz⁵, A. Blanco⁵, M. Gandia⁶, D. Díaz⁷, L. Martínez⁸, E. Valls⁹, G. Díaz⁹, M. Díaz¹⁰, I. Calvo¹⁰, I. Torre¹¹, A. Atanes¹², L. Linares¹³, M. Hernández¹⁴, E. Beltrán¹⁵, M. Cordero¹⁶, E. Aurrecochea¹⁷, F.F. Hernández¹⁸, R. Almodovar¹⁹, Ó. Ruiz²⁰, F. Jiménez²⁰, J.M. Nolla²¹, C. Modesto²², M.A. González-Gay¹, R. Blanco¹. ¹Rheumatology and Ophthalmology, HUMV, IDIVAL, Santander; ²Rheumatology and Ophthalmology, H Clinic, Barcelona; ³Rheumatology, H Santiago Compostela, Santiago Compostela; ⁴Ophthalmology, H Valladolid, Valladolid; ⁵Rheumatology and Ophthalmology, H Donosti, San Sebastián; ⁶Rheumatology, H Puerta del Mar, Cádiz; ⁷Ophthalmology, H San Carlos, Madrid; ⁸Rheumatology and Ophthalmology, H Peset, Valencia; ⁹Rheumatology, H Málaga, Málaga; ¹⁰Rheumatology and Ophthalmology, H La Fe, Valencia; ¹¹Rheumatology, H Basurto, Bilbao; ¹²Rheumatology, H Coruña, Coruña; ¹³Rheumatology, H Arrixaca, Murcia; ¹⁴Ophthalmology, H Valencia, Valencia; ¹⁵Rheumatology, H del Mar, Barcelona; ¹⁶Ophthalmology, H León, León; ¹⁷Rheumatology, H Sierrallana, Torrelavega; ¹⁸Rheumatology, H Doctor Negrín, Las Palmas; ¹⁹Rheumatology, H Alcorcón, Madrid; ²⁰Rheumatology and Ophthalmology, H Miguel Servet, Zaragoza; ²¹Rheumatology, H Bellvitge; ²²Rheumatology, H Vall d'Hebron, Barcelona, Spain

Background: Cystoid macular oedema (CME) is the most serious complication of uveitis. This potentially severe complication may lead to irreversible visual loss.^{1–2}

Objectives: To compare efficacy and safety of Tocilizumab (TCZ) vs. Anti-TNF-α drugs in patients with refractory CME to conventional immunosuppressant (IS).

Methods: Multicenter study of patients with refractory CME to treatment with glucocorticoids and at least 1 conventional IS. The main objective was the improvement of macular thickness. Secondary objectives were the enhancement in best corrected visual acuity (BCVA) and the degree of ocular inflammatory activity.

Results: 59 patients/112 affected eyes. Causes of uveitis were: Behçet's disease (n=41), Birdshot's retinochoroidopathy (n=4), Juvenile Idiopathic Arthritis (n=9), Sarcoidosis (n=1) and idiopathic (n=4). No significant differences were observed at baseline in both groups (TCZ vs Anti-TNF-α) in sex (♂/♀; 8/17 vs. 15/19), mean age (35.6±18.9 vs 40.0±9.1), BCVA (0.40±0.31 vs. 0.48±0.31), Tyndall (1 [0–1] vs. 1 [0–2]), vitritis (1 [0–2] vs. 1 [0–3]) and macular thickness (431.8±165.9 vs. 397.1±138.1) (table 1).

25 patients were treated with TCZ as follows: 8 mg/kg/4 weeks (n=24) and 162 mg sc/2 weeks (n=1). Anti-TNF-α therapy was used in the remaining 34 as

follows: IFX (n=12) (5 mg/kg 0, 2 y 6 weeks and every 4–8 weeks) and ADA (n=22) (40 mg/sc/2 weeks). We observed a rapid and sustained improvement in macular thickness after 1 year follow-up in both groups, without objectifying significant differences between them. In the same way, secondary ocular parameters also improved (table 1).

Abstract FRI0498 – Table 1

	TCZ	Anti-TNF- α	P
Baseline			
BCVA	0.40 $\pm$ 0.31	0.48 $\pm$ 0.31	0.98
Tyndall	1 [0-1]	1 [0-2]	0.13
Vitritis	1 [0-2]	1 [0-3]	0.07
OCT	431.82 $\pm$ 165.99	397.18 $\pm$ 138.12	0.21
1st month			
BCVA	0.50 $\pm$ 0.30	0.61 $\pm$ 0.28	0.58
Tyndall	0 [0-0]	0 [0-0]	0.47
Vitritis	0 [0-0.5]	0.5 [0-1]	<0.01
OCT	330.86 $\pm$ 104.21	328.41 $\pm$ 86.53	0.25
6th month			
BCVA	0.56 $\pm$ 0.33	0.71 $\pm$ 0.31	0.73
Tyndall	0 [0-0]	0 [0-0]	0.04
Vitritis	0 [0-0.5]	0 [0-0]	<0.01
OCT	275.07 $\pm$ 73.80	264.90 $\pm$ 45.92	0.006
1st year			
BCVA	0.59 $\pm$ 0.33	0.72 $\pm$ 0.32	0.76
Tyndall	0 [0-0]	0 [0-0]	<0.01
Vitritis	0 [0-0.5]	0 [0-0]	0.36
OCT	259.10 $\pm$ 49.51	261.42 $\pm$ 37.71	0.14

Conclusions: TCZ and Anti-TNF- α are effective in the treatment of CME refractory to conventional therapy.

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FRI0499

A MULTINATIONAL QUALITATIVE STUDY IN GIANT CELL ARTERITIS: PATIENT PERCEPTIONS OF DIAGNOSIS, TREATMENT, IMPACT ON HEALTH-RELATED QUALITY OF LIFE AND CONTEXTUAL FACTORS

J.C. Robson¹, C. Almeida¹, J. Dawson², A. Bromhead³, S.L. Mackie⁴, C. Hill⁵, E. Hoon⁵, C. Davis⁵, R. Greenwood⁶, R. Luqmani², B. Dasgupta⁷, C. Guly³, J. D. Pauling⁸, R. Watts², E. Dures¹. ¹University of the West of England, Bristol, Bristol; ²University of Oxford, Oxford; ³University Hospitals Bristol NHS Trust, Bristol; ⁴University of Leeds, Leeds, UK; ⁵University of Adelaide, Adelaide, Australia; ⁶Research Design Service-South West, Bristol; ⁷Southend University Hospital, Southend; ⁸University of Bath, Bath, UK

Background: Giant cell arteritis (GCA) is the commonest form of systemic vasculitis caused by inflammation of the blood vessels around the head and neck, with the highest incidence in women aged 70–79 years (7.4 per 10 000 person-years). Patients present with headache, jaw claudication and polymyalgia rheumatica with visual loss in 20%. Treatment is with high dose glucocorticoids.

Objectives: Identify and define the range of patient experiences in relation to GCA, and effects on health related quality of life in patients from the United Kingdom and Australia.

Methods: Semi-structured qualitative interviews with patients from the UK and Australia explored health-related quality of life and patient perspectives on the experience of GCA. Interviews were recorded, transcribed and analysed. Patients were purposively sampled to include both genders, a range of disease durations and organ involvement (visual loss and large vessel involvement). Data were analysed with inductive thematic analysis and managed using NVivo 10. The sample size was determined by the point at which no new substantive themes emerged.

Results: Thirty-one interviews were conducted. Demographics and disease features shown in table 1. Individual sub-codes were identified then grouped into overarching themes: "Anxieties around getting a diagnosis of GCA", "Description of symptoms related to GCA and its treatment", "Lack of bodily strength, stability and stamina; difficulties with completing daily tasks", "Difficulties with participating in social activities, work and caring roles", "Not feeling normal and impact on general perception of health", "Anxiety and fear of the future". Contextual factors impacted on how patients experienced GCA including "Response to treatment and adverse effects", "Receiving support from family, friends and health care workers", "Adopting successful self-management techniques, e.g. keeping fit and active" and "Presence of pre-existing co-morbidities and development of secondary conditions e.g. cardiovascular disease, osteoporosis or diabetes".

Demographics		United Kingdom (n=25)	Australia (n=6)	Total (n=31)
Sex, n (%)	Male	9 (36.0)	1 (7.7)	10 (32.3)
	Female	16 (64.0)	5 (92.3)	21 (67.7)
Age, n (%)	<70 years	5 (20.0)	3 (50.0)	8 (25.8)
	≥70 years	20 (80.0)	3 (50.0)	23 (74.2)
	Mean	75	69	74
Diagnostic test, n (%) *	Biopsy	21 (84.0)	5 (83.3)	26 (83.9)
	Ultra/S	5 (20.0)	0 (0)	5 (16.1)
Visual Loss (%)	CTA	2 (8.0)	0 (0)	2 (6.45)
	PET	2 (8.0)	1 (16.7)	3 (9.68)
	Yes	10 (40.0)	2 (33.3)	12 (38.7)
ESR≥50 or CRP≥10	Yes	24 (96.0)	5 (83.3)	29 (93.6)
Time from diagnosis, n (%)	<1 year	13 (52.0)	4 (66.7)	17 (54.8)
	≥1 year	12 (48.0)	2 (33.3)	14 (45.2)
Disease Active, n (%)	Yes	11 (44.0)	4 (66.7)	15 (48.4)
	No	14 (56.0)	2 (33.3)	16 (51.6)
Flare<1 year, n (%)	Yes	13 (52.0)	3 (50.0)	16 (51.6)
	No	10 (40.0)	3 (50.0)	13 (41.9)
	Never	2 (8.0)	0 (0)	2 (6.5)

Conclusions: Patients with GCA have described a range of themes of interest in relation to their disease. These data could be used as the basis of developing a patient reported measure of outcome in GCA.

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FRI0500

EXTRACRANIAL VASCULAR AFFECTION IN GIANT CELL ARTERITIS

J.L. Martín-Varillas¹, J. Loricera¹, D. Prieto-Peña¹, J. Naváez², E. Aurrecoechea³, I. Villa³, S. Castañeda⁴, C. Gómez-Arango⁵, A. Mera⁶, E. Pérez-Pampín⁶, V. Aldasoro⁵, N. Álvarez-Rivas⁷, N. Fernández-Llanio⁸, M. Álvarez de Buergo⁹, L. Mareña-Rojas¹⁰, F. Sivera¹¹, E. Galíndez-Aguirregoiakoa¹², R. Solans-Laque¹³, S. Romero-Yuste¹⁴, N. Ortego¹⁵, M. Revenga¹⁶, C. Larena¹⁶, Í. Hernández¹⁷, F. J. Maceiras-Pan¹⁷, E. Salgado¹⁸, S. Fernández¹⁹, M. Calderón-Goercke¹, I. Martínez-Rodríguez¹, J.I. Banzo¹, V. Calvo-Río¹, B. Atienza-Mateo¹, N. Palmou-Fontana¹, C. González-Vela¹, J.L. Hernández¹, M.A. González-Gay¹, R. Blanco¹. ¹Rheumatology, Nuclear Medicine, Internal Medicine and Pathology, Hospital Universitario Marqués de Valdecilla, IDIVAL, Santander; ²Rheumatology, Hospital de Bellvitge, Barcelona; ³Rheumatology, Hospital Sierrallana, Torrelavega; ⁴Rheumatology, Hospital La Princesa, Madrid; ⁵Rheumatology, Hospital Alto Deba, Mondragón; ⁶Rheumatology, Hospital Santiago, Santiago Compostela; ⁷Rheumatology, Hospital Lucas Augusti, Lugo; ⁸Rheumatology, Hospital Arnau de Vilanova, Lérida; ⁹Rheumatology, Hospital Río Carrión, Palencia; ¹⁰Rheumatology, Hospital La Mancha Centro, Alcázar de San Juan; ¹¹Rheumatology, Hospital Elda, Alicante; ¹²Rheumatology, Hospital Basurto, Bilbao; ¹³Internal Medicine, Hospital Vall d'Hebron, Barcelona; ¹⁴Rheumatology, Complejo hospitalario Pontevedra, Pontevedra; ¹⁵Autoimmune Diseases, Hospital San Cecilio, Granada; ¹⁶Rheumatology, H Ramón-Cajal, Madrid; ¹⁷Rheumatology, Complejo Hospitalario Vigo, Vigo; ¹⁸Rheumatology, Complejo Hospitalario Ourense, Ourense; ¹⁹Rheumatology, Hospital San Agustín, Avilés, Spain

Background: Giant cell arteritis (GCA) is a large vessel vasculitis with a predisposition for the cranial branches of the external carotid artery. However, aorta and/or its main branches may also be involved (1–3).

Objectives: To assess the vascular territories most frequently affected in a series of patients with GCA who presented extracranial vessel involvement.

Methods: Retrospective study of patients with GCA who presented compromise of extracranial vessels confirmed by PET/CT. Visual analysis of vascular uptake was performed on supra-aortic trunks (SAT), aortic arch (AA), thoracic aorta (TA), abdominal aorta (AA), iliac arteries (IA), lower limb arteries (LLA), and upper limb arteries (ULA). We carried out a comparative study between both sexes to see if there was any difference in the pattern of affection.