FRI0504

DIFFUSE ALVEOLAR HAEMORRHAGE IN ANCA-ASSOCIATED VASCULITIS: CAN WE PREDICT OUTCOME? AN ITALIAN MULTICENTRE RETROSPECTIVE LONG-TERM STUDY OF 102 PATIENTS

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Background: Diffuse alveolar haemorrhage (DAH) is a rare and severe manifestation of ANCA-associated vasculitides (AAV).

Objectives: To identify predictors of survival in patients with AAV-DAH.

Methods: A retrospective study of 102 consecutive patients (50% females; mean age 59±17 years) from 27 Italian Centres diagnosed with AAV-DAH was planned. Cox regression unadjusted analyses were performed.

Results: Among AAV patients, 47% had Granulomatosis with Polyangiitis (GPA), 47% Microscopic Polyangiitis (MPA) and 6% Eosinophilic Granulomatosis with Polyangiitis (EGPA). At DAH onset, mean BVAS was 20±8 and most patients had renal involvement (RI). Admission to Intensive Care Unit was needed in 27% of patients, while ventilatory support (VS) was required in 46%. At least one cardiovascular risk factor (CVRF) was recorded in 48%. Over a median follow-up of 39 months (25%–75% IQR 66 months), 19/102 patients (18.6%) died (figure 1). All patients received high-dose glucocorticoids in association with Cyclophosphamide (CYC 78%, mean cumulative dose 8±7 g) or Rituximab (37%). Plasma exchange was performed in 46%. Infections occurred in 38%. Age>65 years (HR 3.05 [95% CI 1.18–7.9], p=0.04), CVRF ≥2 (HR 8.85 [95% CI 1.34–56.5], p=0.01), BVAS (v.3) (HR 1.07 [95% CI 1.01–1.13], p=0.01) were associated with mortality, whereas FFS was not. The need for VS (HR 4.54 [95% CI 1.48–13.85], p=0.008) and infections (HR 3.98 [95% CI 1.48–10.69]) were also associated with mortality.

Conclusions: Older age, VS, CVRF and infections affect the survival in AAV. There is a need for specific outcome measures.

Disclosure of Interest: None declared

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FRI0505

VALIDATION OF THE PROGNOSTIC VALUE OF THE HISTOPATHOLOGICAL CLASSIFICATION OF ANCA-ASSOCIATED GLOMERULONEPHRITIS: A META-ANALYSIS

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Background: In 2010, a histopathological classification of antineutrophil cytoplasmic autoantibody (ANCA)-associated glomerulonephritis (AAGN) was proposed by an international consortium of renal pathologists and nephrologists. It comprises four biopsy classes: focal, crescentic, mixed and sclerotic, the order of which was shown, in the initial publication, to correspond to increasing severity of renal impairment during follow-up.

Objectives: The aim of this meta-analysis was to evaluate the prognostic value of the phenotypical classes by means of validation studies that have been published since.

Methods: A literature search was performed using Web of Science, Google Scholar, PubMed and Embase in March 2017, selecting studies that associated histopathological class to renal outcome in adult patients with AAGN. The risk of developing end-stage renal disease (ESRD) during follow-up was compared between classes using a meta-analysis with random effects model. Weighted relative risks (RR) with 95% confidence intervals (95% CI) were reported.

Results: Nineteen studies were included with a total of 2408 patients. Using sclerotic class as a reference category, ESRD risk was lower in the crescentic class (RR 0.53, 95% CI 0.43–0.64); RR in focal was lower than in crescentic class (RR 0.27 95% CI 0.20–0.37). RR in crescentic compared to mixed class was 1.18 (95% CI 0.95–1.45); RR in focal compared to mixed class was 0.34 (95% CI 0.25–0.47).

Conclusions: Our meta-analysis shows that the risk for developing ESRD increased with more severe histopathological lesions. We found no difference between the crescentic and mixed classes, pointing towards a comparable risk profile with regard to ESRD. We are currently performing an individual patient data meta-analysis, as this technique is better equipped to deal with study heterogeneity. For the moment, this meta-analysis confirms the use of the histopathological classification system as a predictor of renal outcome in the prognostication of patients with AAGN.

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FRI0506

CLINICAL ANALYSIS OF BEHÇET'S DISEASE MANIFESTATIONS IN 453 EGYPTIAN PATIENTS: GENDER COMPARISON

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Background: Behçet's disease (BD) is characterised by the presence of vasculitis of veins and arteries of all sizes.¹ Persistent oral and genital ulcers are hallmarks of the disease. BD may be associated with inflammation of eyes, joints, vessels, GIT, nervous system, and other systems.² 70% of BD patients suffer from ocular complications mainly recurrent uveitis that may lead to loss of vision.³

Objectives: To describe the demographic and clinical features including ocular manifestations of BD in Egyptian patients and to compare the incidence of disease complications between males and females.

Methods: 453 subjects fulfilling 1990 Classification criteria for BD were included. Detailed history, physical examination and complete ocular examination were done. Both, a rheumatologist and an ophthalmologist did clinical examination and follow-up. Further comparison of disease manifestations between both genders was done. Patients were followed up every 2 weeks for 4 years for monitoring of disease complications.

Results: Median (range) age of patients was 45³²⁻⁶³ years old. Our sample included 297 (65.6%) males and 156 (34.3%) females. Patients' disease duration ranged between one to 16 years. At baseline, acute phase reactants (ESR and CRP) were significantly higher in females compared to males ($p < 0.01$) indicating a higher disease activity.

Oral ulcers were present in 100% of patients. Prevalence of genital ulcers, erythema nodosum and joint involvement was similar between both sexes. Subcutaneous thrombophlebitis and follicular papules were more common in males compared to females ($p = 0.009$ and $p = 0.041$ respectively).

Recurrent iridocyclitis was found in 100% of patients. All ocular findings were significantly more common in females compared to males except retinal haemorrhages that were more common in males (49.8% vs 37.2%). Incidence of secondary cataract and glaucoma in addition to vitreous opacities were similar between both sexes.

14.8% of patients had GIT manifestations including Budd-Chiari syndrome in 10 males and 5 females; bloody diarrhoea was found in 10 males. Disturbed bowel habits were present in 27 males and 10 females.

Deep venous thrombosis (DVT) was found in 11.8% of males and 3.2% of females. Mediastinal vein syndrome was found in 3.7% of males only, pulmonary artery aneurysm in 1.3% of males and 3.2% of females. Aseptic meningitis and hemiplegia were found 3.4% and 3% of males respectively. 1.7% males and 3.2% females suffered from brain stem involvement. Superior sagittal sinus thrombosis was present in 3.4% females.

Conclusions: BD has wide range of complications most commonly oral ulcers and recurrent iridocyclitis. Surprisingly, disease activity was higher in females at baseline and ocular complications were more common in females compared to males.

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FRI0507

THE PREVALENCE OF LATENT TUBERCULOSIS INFECTION IN INDIAN PATIENTS OF TAKAYASU ARTERITIS

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Background: Studies have shown a correlation between Tuberculosis (TB) and Takayasu arteritis (TA). Some even postulate that infection with TB is required for the initiation of aortoaeritis. Hence, this project was undertaken to find an association of TB and TA by studying the prevalence of Latent Tuberculosis Infection (LTBI) in Indian TA patients.

Objectives: To study the prevalence of LTBI in Indian TA patients and see whether LTBI is more in these patients as compared to the historical cohort (40% in Indian population).

Methods: This was a cross sectional observational study. All consecutive patients with TA (satisfying the ACR 1990 criteria) were included prospectively from a period of May 2016 to December 2017. Their clinical, laboratory and radiological data were collected after obtaining informed consent. Patients were divided into groups based on the angiographic classification. LTBI was assessed by the Mantoux test and Quantiferon TB Gold test. Mantoux test (MT) was done with 5TU and results were read after 48-72 hours. An induration more than 10 mm was considered positive. Quantiferon TB Gold assay (QTB) was done by ELISA technique and (patient minus control) value > 0.35 IU/ml was considered positive. A positive result of MT and/or QTB was considered positive for LTBI. Chest X-ray was included to access evidence of past or active TB lesions. Active infection was defined as clinical and microbiological and/or radiological evidence of TB. The study was approved by the Ethics committee of Medanta hospital.

Results: Out of 66 consecutive TA patients, 46 patients had tests available for LTBI and these were included in the analysis. The mean age of the cohort was 34.9 years with a median disease duration of 24 months. Males consisted of 11 patients whereas females formed the majority i.e. 35 patients (M: F = 1: 3.1). Angiographic Type V (54.3%) was the commonest in the cohort followed by Type IIB (17.3%), Type IV, I, IIA and III (15.2%, 8.6%, 2.1% and 2.1% respectively). LTBI positivity was present in 32.6% of the cohort; with 5 patients (10.8%) having both tests positive. 6 patients were MT positive without being QTB positive and 4 patients were only QTB positive. Eight patients had history of Tuberculosis out of which 1 was diagnosed with TB and TA simultaneously. Four patients were diagnosed as TA during the course of Anti tubercular treatment (ATT) between 4 to 6 months, whereas the rest were diagnosed after ATT completion. The mean duration of Anti tubercular treatment was 8 months. Koch's contact was seen in 7 patients.

Abstract FRI0507 – Table 1. Patient characteristics and LTBI

	Characteristic	Value	Percentage (%)
n=46	MT positive only	6	13
	QTB positive only	4	8.6
	Both MT and QTB positive	5	10.8
	LTBI positive	15	32.6
n=8	H/O TB	8/46	17.3
	TB LN	4	50
	Pulmonary TB	1	12.5
	(progression)		
	Intestinal TB	2	25
	TBM	1	12.5
	Empirical ATT for PUO	1	12.5
	MT	2	25
	QTB	0	0
	Both	1	12.5
n=7	TB contact	7/46	15.2
	MT	1	14.2
	QTB	0	0
	Both	0	0

Conclusions: The prevalence of LTBI in Indian Takayasu patients was 32.6%, which was not higher than the population prevalence (40% in the historical cohort). However, a larger cohort and further association studies are needed for the relationship between TA and Tuberculosis.

Disclosure of Interest: None declared

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FRI0508

ANALYSIS OF RISK FACTORS OF ADVERSE OBSTETRICAL OUTCOME IN PATIENTS WITH TAKAYASU ARTERITIS

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Background: Takayasu arteritis (TA) is a large-vessel vasculitis that affects young women of childbearing age. Several small case-series described the pregnancy outcome in TA patients with lack of study determining risk factors associated with adverse pregnancy outcome.