In our cohort there were 2 pts with serious infections: 1 with oropharyngeal and esophageal candidiasis and another with bacteremia to Pseudomonas aeruginosa. Both pts were under immunosuppressive agents including corticosteroids and rituximab or cyclophosphamide.

Conclusion: Neurologic involvement was part of disease presentation in most pts and the commonest manifestation was mononeuritis multiplex. PDN was prescribed to all pts, in most cases in association with other immunosuppressive drugs. Cyclophosphamide and rituximab (RTX) were used as induction treatment, and mycophenolate mofetil, azathioprine and RTX as maintenance. Intravenous human immunoglobulin was used in pts colonized by multiresistant microorganisms/severe infection with immunosuppression and as a bridging therapy to further immunosuppression. Most pts achieved clinical improvement, documented in electromyography.

REFERENCES


DISCLOSURE OF INTERESTS: None declared

TAU may improve the time to diagnosis and therefore potentially reduce unnecessary exposure to corticosteroids. Our experience highlights the fact that despite a good standard of referral, GCA remains a difficult condition to diagnose and poses an on-going challenge to the rheumatologist.

REFERENCES

Disclosure of Interests: Jobie Evans Grant research support from: I am currently working on a MD research project looking at the use of magnetic resonance enterography imaging as a screening tool for axial spondyloarthritids in patients with Crohn’s disease. This study is commercially funded by Merck, Sharp and Dohme corporation (MSD). Natasha Jordan: None declared.


AB0584  JOINT PROFILE OF BEHÇET’S DISEASE
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Background: Joint manifestations during Behçet’s disease (BD) are frequent and polymorphic.

Objectives: To analyze these manifestations through 41 cases.

Methods: A retrospective study of 41 patients, collected at the rheumatology department of Farhat Hached University Hospital over a period of 19 years, meeting the criteria of the international study group on BD.

Results: 41 patients with a mean age of 40.21 years [16-66] were collected. The sex ratio=2.41. The articular and mucocutaneous involvement were constant. Also were found ocular manifestations (5cas), neurological (1cas), cardiac (1cas), gastro-intestinal (1cas), venous thrombosis (5 cases), arterial thrombosis (1 case) and anemiaus (2 cases). Joint involvement was revealing in 21 cases (51.2%) occurring during evolution in 20 cases with an average delay of 102 months [6-360]. The most frequent manifestations were arthralgias in 24 cases (58.5%) and arthritis in 17 cases. It was predominantly asymmetric (21 cases), mono articular (13 cases), oligoarticular (16 cases) and polyarticular (12 cases). The knees and ankles were the most affected joints in 32 cases and 25 cases respectively, followed by wrist involvement (12 cases), MCP (5 cases) and elbows and shoulders in 4 cases each. A knee flessum was found in 2 cases. X-rays were mostly normal (35 cases). They showed erosive involvement (1case), joint narrowing (1case), osteonecrosis (2cases) and sacroiliitis (2cases). The presence of a popliteal cyst was noted in 2 cases.

Conclusion: Joint manifestations during the BD can be inaugural and take on several clinical aspects. They usually heal without sequelae and do not engage functional prognosis with the exception of rare cases of destructive arthritis.

Disclosure of Interests: None declared.


AB0586  TAKAYASU ARTERITIS: REVIEW OF DIAGNOSTIC AND CLASSIFICATION CRITERIA IN A 9 CASE SERIES
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Background: Takayasu arteritis (TA) is a rare large vessel vasculitis that affects the aorta (Ao) and its main branches. Early diagnosis and the rapid establishment of treatment are key points in the prognosis of the disease. Despite the existence of different classification and diagnostic criteria, early diagnosis of TA continues to be a challenge.

Objectives: 1) To analyze the concordance between the different classification and diagnostic criteria in patients with TA, 2) To describe the demographic, clinical and analytical characteristics of TA.

Methods: Retrospective observational study that included all patients diagnosed with TA according to medical criteria between 1981 and 2018, visited in a Rheumatology unit. Demographic, clinical, analytical and image data were collected. It is assumed that the vascular territories affected and the type of vascular involvement can be evaluated by angio-CT, angio-MRI and PET-CT with contrast iv. in case angiography is not permitted in a Rheumatology unit. Demographic, clinical, analytical and image data were collected. It is assumed that the vascular territories affected and the type of vascular involvement can be evaluated by angio-CT, angio-MRI and PET-CT with contrast iv. in case angiography is not permitted.

Results: We included 9 patients (77.8% women) diagnosed with TA. The age at diagnosis was 33.3 ±16.3 years with a time of evolution of 5.1 ±9.4 years. The other variables are shown in Table 1.

Variables
CRP, mg/L, mean (SD) 42.8 (65.37)
ESR, mm/h, mean (SD) 33.3 (35.33)
HbA1c, % 4 (4.4)
Lipid profile, n (%) 4 (4.4)
BP difference >10 mmHg, n (%) 5 (55.6)
Vascular pain, n (%) 4 (4.4)
Constitutional clinic, n (%) 3 (33.3)
Anthronegala, n (%) 1 (11.1)
Cefalea, n (%) 2 (22.2)
Syncope, n (%) 1 (11.1)
Decreased artery pulse, n (%) 5 (55.6)
Paresthesias, n (%) 2 (22.2)
Bruit, n (%) 4 (4.4)

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