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

- [1] Yates, M., et al., *The prevalence of giant cell arteritis and polymyalgia rheumatica in a UK primary care population*. BMC Musculoskelet Disord, 2016. 17: p. 285.

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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 an aneurysm (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 arthralgia 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 flexum 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

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AB0585 REJA-VASCA: JAVERIAN REGISTRY OF PATIENTS WITH POSITIVE ANCA VASCULITIS AT THE UNIVERSITY HOSPITAL SAN IGNACIO 2005-2017

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Background: Vasculitis associated with cytoplasmic antibodies (VAAC) are heterogeneous entities with low prevalence and high morbidity and mortality. These include granulomatosis with polyangiitis (GPA), microscopic polyangiitis (PAM), and eosinophilic granulomatosis with polyangiitis (GPA). European retrospective records report an annual incidence of 10-20 cases per million, with peak presentation between 65-74 years, predominantly in males. It has diverse clinical manifestations in multiple systems. In Colombia, there are few clinical records that describe the clinical characteristics of these patients.

Objectives: To describe the clinical characteristics of patients with VAAC in the University Hospital San Ignacio between 2005-2017

Methods: Descriptive cross-sectional study. Patient records were reviewed between January 2005 and December 2017. The records were obtained

using search systems in patients who were requested Antineutrophil cytoplasmic antibodies - ANCAS (Searching software: DISEARCH, LABCORE), obtaining 2072 results. 106 patients met the criteria for classification of the American College of Rheumatology for VAAC.

Results: 106 patients diagnosed with ANCA positive vasculitis. Average age 55 years (± 14.7). 48.4% were women. In-hospital debut in 68.8%. The average number of days of stay was 16.6 days (± 12.22), 56 patients (52.8%) had granulomatosis with polyangiitis GPA, 45 patients (42.4%) with microscopic polyangiitis (MAP) and 5 patients with eosinophilic granulomatosis with polyangiitis EGP (4.8%). 37 patients (35%) presented with alveolar hemorrhage, 22 patients (20.7%) presented renal compromise with rapidly progressive glomerulonephritis. Central nervous system compromise was documented in 25 patients (24%). Regarding treatment, 97 patients (91.5%) received treatment with intravenous or oral corticosteroid, 66 patients (62.2%) received treatment with cyclophosphamide. Plasma exchange therapy was performed in 15 patients (14.1%). 44 patients (41.5%) required renal replacement therapy. The in-hospital mortality of this group of patients was 20.4%, with sepsis being the most frequent cause of death (55%).

Conclusion: In this study, the most frequent positive ANCA vasculitis was granulomatosis with polyangiitis. Multisystemic compromise was present in all groups of patients, the most common being pulmonary and renal, mainly in patients with microscopic polyangiitis, similar to that reported by Solans-Laqué et al in Spain. Within the demographic characteristics, the average age at the time of diagnosis is around 50 years, predominantly in women related to the Mexican study by Hinojosa-Azaola et al. The most frequent cause of in-hospital mortality was sepsis. Clinical information of patients with VAAC is presented in a reference hospital in Colombia. Data are concordant with literature.

Disclosure of Interests: None declared

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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 performed. Ishikawa diagnostic criteria, 1990 ACR classification criteria and Ishikawa's diagnostic criteria modified by Sharma were evaluated.

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 (35,3)
HTA, n (%)	4 (44,4)
Limb claudication, n (%)	4 (44,4)
BP difference >10 mmHg, n (%)	5 (55,6)
Vascular pain, n (%)	4 (44,4)
Constitutional clinic, n (%)	3 (33,3)
Arthromyalgia, n (%)	1 (11,1)
Cefalea, n (%)	2 (22,2)
Syncope, n (%)	1 (11,1)
Decreased artery pulse, n (%)	5 (55,6)
Paresthesia, n (%)	2 (22,2)
Bruit, n (%)	4 (44,2)