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.

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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.

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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)

The most frequent vascular territories affected were abdominal Ao (7), descending thoracic Ao (5) and iliac arteries (5). The most common type of arterial lesion was stenosis (8) followed by dilation and aneurysm. 6 patients were treated with corticotherapy as an induction treatment, 5 required chronic immunosuppression and 6 patients required surgery. When reviewing the criteria we observed that all patients met the ACR criteria and 7 patients met the modified criteria by Sharma. However, the agreement with Ishikawa's diagnostic criteria was poor since 7 patients did not meet them. The different criteria are shown in Table 2.

Ishikawa, n (%)	1990 ACR, n (%)	Modified Ishikawa, n (%)
Age ≤40 yrs	7 (77,8)	7 (77,8)
Left subclavian lesion	4 (44,4)	5 (55,6)
Right subclavian lesion	3 (33,3)	4 (44,4)
VSG ≥20 mm/h	4 (66,6)	5 (55,6)
Carotid artery tenderness	0	4 (44,4)
HTA	4 (44,4)	9 (100)
Aortic regurgitation	3 (37,5)	3 (37,5)
Pulmonary artery lesion	0	0
Common carotid lesion	2 (22,2)	2 (22,2)
Distal brachiocephalic trunk lesion	2 (22,2)	2 (22,2)
Descending thoracic Ao lesion	5 (55,6)	5 (55,6)
Abdominal Ao lesion	7 (77,8)	7 (77,8)
		2 (33,3)

Conclusion:

- The most frequently affected vascular territory was the abdominal Ao, and the most common type of injury was stenosis.
- The most common clinical presentation was asymmetry of blood pressure between extremities and peripheral pulses, HTA and limb claudication.
- All patients met the ACR 1990 classification criteria and the great majority met the criteria modified by Sharma. The concordance with Ishikawa's criteria was poor so they should be used cautiously.

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AB0587 CLINICAL MANIFESTATIONS OF BEHCET'S DISEASE DEPENDING ON GENDER: A REVIEW OF 425 CASES IN RUSSIA

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Background: The gender-related differences in clinical course of Behcet's disease (BD) are well-established, and more severe course is usually observed among young males.

Objectives: To analyze the effect of gender on the severity and clinical features of BD.

Methods: The study included 425 patients (male – 285, female – 140) with BD (according to ISGBD 1990 and ICBG criteria 2014) [1, 2]. The

male-to-female ratio was 2:1, the mean age was 33,2±10,2 yrs, the median of disease duration – 134,3 [60,0; 192,0] months.

Results:

General characteristics of BD-patients depending on gender

General characteristics	Male, n=285	Female, n=140	p
Age of pts, yrs (M±SD)	32,5±9,72	34,9±10,8	ns
Disease duration (Me [25%; 75%])	96,0 [60,0; 192,0]	108,0 [60,0; 216,0]	ns
Age of disease onset, yrs (M±SD)	21,2±9,71	22,8±11,5	ns
Activity (BDCAF), (M±SD)	3,71±2,02	2,64±1,45	0,0002
HLA-B5(51) +, n (%)	129 from 193 (67)	52 from 101 (51,5)	0,007

BD severity depending on gender

BD severity, n (%)	Male, n=285	Female, n=140	p
Mild	48 (17)	57 (41)	<0,001
Moderate	29 (10)	14 (10)	ns
Severe	208 (73)	69 (49)	<0,001

We observed the following gender-related differences in clinical manifestations of BD: males significantly more often had uveitis (74% vs 57%, p=0,0003), optic neuritis (11% vs 0%, p=0,0004), blindness (9% vs 2,5%, p=0,04); cutaneous lesions (89% vs 71%, p<0,001), such as pseudo-folliculitis (53% vs 21%, p=0,001), positive pathergy test (39,6% vs 24,3%, p=0,001); severe vascular involvement (vena cava and iliac vein thrombosis, deep vein thrombosis, arterial thrombosis and arterial aneurysm) (27% vs 11%, p=0,001), cerebral sinus thrombosis (9% vs 3%, p=0,015) and genital ulcers (77,9% vs 67,1%, p=0,012) compared with females. Male BD-pts more often had HLA-B5(51)-positivity (67% vs 51,5%, p=0,007), higher BD activity (BDCAF – 3,71±2,02 vs 2,64±1,45, p<0,001) and BD-severity (severe BD-course – 73% vs 39%, p<0,001). Mortality rate in this BD cohort was 1,2%, and all 5 cases were young males aged under 30 years.

Conclusion: An association of severe clinical manifestations (ophthalmological and vascular, such as large vessels and cerebral sinus thromboses), higher disease activity & severity, as well

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AB0588 GASTROINTESTINAL INVOLVEMENT OF BEHCET'S DISEASE IN RUSSIA

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Background: Behcet's disease (BD) is a multisystem vasculitis with unknown etiology and a unique geographical distribution. Intestinal manifestations of BD (IBD) are of particular importance as they are associated with significant morbidity and mortality. Although ileocecal involvement is most commonly described, BD may involve any segment of the intestinal tract as well as the various organs within the gastrointestinal system.

Objectives: To analyze the severity and clinical features IBD in Russia

Methods: The study included 250 patients (male – 177, female – 73) with BD (according to ISGBD 1990 and ICBG criteria 2014). The male-to-female ratio was 2,4:1, the mean age was 31,5±9,3 yrs, the age of disease onset – 21,8±9,62 yrs, the median of disease duration – 10,25 ±8,32 yrs. All those with gastrointestinal symptoms were subject to a gastroscopy and/or colonoscopy through which Crohn's disease and ulcerative colitis were excluded by the proctologists.

Results: Patients with gastrointestinal symptoms were 63 of 250 – 25.2% pts, (male – 40, female – 23). Symptoms of IBD include the abdominal pain in 62% pts, distension –55%, diarrhea – 14%, nausea – 13%, blood in the bowel movement – 4,7%. The examination revealed: esophageal ulcers (1.6%, four cases), gastric ulcers (3.2%, eight cases), and duodenal ulcers (1.2%, three cases) were found using endoscopy. Also, 6.8% (17 patients) had gastro duodenal ulcers and 14.3% (nine patients) combined gastrointestinal involvement including esophageal and had gastro duodenal ulcers. Colonic ulcers were detected in 9.2% (23 cases) by colonoscopy, two patients had multisegmental diffuse ulceration, three patients had in the sigmoid colon and of everyone else in the ileum. Colitis without ulcers found in 5,6% (14 cases). Two patients had a clinic of appendicitis, the operation found that the appendix is not inflamed. Two patients were 0.8% (were on treatment) urgently operated due to perforation of ulcers of the ileum, the woman held suturing of perforated ulcer, and a man – hemicolectomy. The last patient has a relaparotomy after 1 month and removal of the entire colon.

Conclusion: The IBD in Russia is affected in 1/4 of patients, but heavy refractory forms not often.