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.