sub-analyses were performed for number of prescriptions, specific symptoms, temporal artery biopsies (TAB), number of visits and number of prescriptions.

Results: We confirmed 183 of 293 diagnoses resulting in a PPV of 62.8% (95% CI: 57.1-68.2). In patients having at least three admissions, 95 of 110 diagnoses were confirmed (PPV: 86.4%; 95% CI: 78.5-91.7). We confirmed 82 of 95 patients with at least three visits and a TAB. This resulted in a PPV of 86.3% (95% CI: 77.7-91.9). The highest PPV was observed in patients with at least 3 visits and ≥ 3 prescriptions of prednisolone. In this sub-analysis we confirmed 88 of 95 diagnoses resulting in a PPV of 92.6% (95% CI: 85.2-96.5).

Conclusion: This is the first study to validate the diagnostic code of GCA in the DNPR. The overall PPV of a first-time diagnosis of GCA in the DNPR is low. The probability of identifying true cases of GCA increases substantially when diagnostic codes are combined with 3 visits and ≥ 3 prescriptions of prednisolone.

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AB0592 SYSTEMIC

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Background: Systemic vasculitis involving the breast is a rare clinical condition and may mimic breast cancer or mastitis clinically or radiographically.

Objectives: In this article, we reported a case of polyarteritis nodosa (PAN) with breast involvement and made a summary on the published cases of systemic vasculitis affecting breasts in order to better understand this disorder.

Methods: We reported a case of PAN affecting breast and conducted a retrospective review of literatures reporting patients with the diagnosis of systemic vasculitis involving breasts by using MEDLINE, EMBASE, Web of Science, the Cochrane Library, and Scopus database in any language up to June 1st, 2018.

Results: A case of a 27-year-old female patient presented with a painful mass of the right breast was diagnosed as PAN by the biopsy. After six months of treatment of full dose prednisone and methotrexate, her condition kept stable and inflammatory markers remained normal. A total of 67 cases were included, with granulomatosis with polyangiitis (GPA), giant cell arteritis (GCA) and PAN as the main types. The typical manifestation was mass (79.2%, 53/67) in the breast. All the diagnoses were made according to the pathology of the breast biopsy. Glucocorticoid and immunosuppressant were the main therapies. 74.6% (50/67) patients achieved remission during follow-up.

Conclusion: In total, we reviewed the clinical features and outcome of 67 cases of the systemic vasculitis involving the breast including the case we reported. Definite diagnosis depends on tissue biopsy, which is important, as the prognosis of diseases is upon to the types of vasculitis.

Figure 1

Figure 2

Disclosure of Interests: None declared

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AB0593 INTERSTITIAL LUNG DISEASE ASSOCIATED WITH ANCA POSITIVITY: A RETROSPECTIVE ANALYSIS

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Background: The association between interstitial lung disease (ILD), anti-neutrophil cytoplasmic autoantibodies (ANCA) and vasculitis has been described in case reports and small series. Treatment approaches have been diverse and include the use of various immunosuppressive agents. To date, little is known about the clinical phenotype and outcomes of ANCA associated ILD.

Objectives: The objectives of this study were to ascertain the prevalence of ANCA in ILD patients at a tertiary respiratory centre; describe the clinical phenotype; describe lung function outcome and examine the progression of computed tomography (CT) patterns in patients with ANCA-associated ILD.

Methods: This retrospective observational study was conducted at a tertiary ILD centre. Patients with ILD and coexistent ANCA were identified from review of a clinical database. All patients had a multidisciplinary team diagnosis of ILD confirmed on CT scan and had no other underlying cause of ILD identified. Data regarding clinical characteristics, CT scan pattern of ILD, pulmonary function tests (PFTs) and treatment were collected retrospectively.

Results: Sixty-nine patients that fulfilled the criteria of coexistent ILD and ANCA were identified. Thirty-one patients were cANCA positive and 38 patients pANCA positive with a median age of 67 years (interquartile range 15 years). Sixteen patients were positive for MPO-ANCA and eight for PR3-ANCA. Only 26% of the cANCA and 24% of the pANCA population had coexistent ANCA-associated vasculitis diagnosed by a MDT clinic comprising of rheumatology, respiratory and renal physicians.

Figures 1 and 2 show the treatment distribution in c and pANCA populations respectively. Approximately 23% of the entire study population did not require treatment. Of the patients that required treatment, steroids were used in 81% of cANCA and 61% of pANCA patients. The most commonly used disease modifying anti-rheumatic drug was mycophenolate mofetil followed by azathioprine and/or methotrexate. Only a small proportion of patients required cyclophosphamide or rituximab.

At 24-months follow-up, 68% were alive, 22% deceased and data unavailable for 10% of the cANCA group compared to 61% alive, 2% end-of-life, 16% deceased and 21% unavailable data in the pANCA group. Diffusing capacity of the lungs for carbon monoxide (DLCO) declined in both p and cANCA groups over the first 12 months before improving. This improvement in PFTs is likely due to treatment escalation over time. Overall the pANCA group showed a mixture of progressive fibrotic and inflammatory CT features while the cANCA and MPO-ANCA groups showed predominantly progressive fibrotic CT findings.

Kruskal-Wallis test was used to determine whether there was an association between the PFTs of the p and cANCA population at three to six months, 12 months and 24 months. This test was then repeated for comparison of the MPO-ANCA and PR3-ANCA study population. There was no significant difference in lung function over time between the pANCA and cANCA group or MPO-ANCA and PR3-ANCA group.