Consultant Rheumatologists (JSM & JHG), formally trained in TAU, established Scotland's First Fast Track Referral Pathway for Suspected GCA using TAU on 21.03.17. A third Consultant (SJH), whose formal Vascular ultrasound training occurred later, joined the Service on 10.04.18. We present here our Outcome data and also our experience of this new Service for NHS Fife, the first of its kind in Scotland.

Methods: We prospectively recorded data on all referrals to our Fast Track Service for patients with suspected GCA from 21.03.17 onwards. NHS Fife covers a population of 370,000 and constitutes 6.8% of the Scottish Population (5,425,000).

Results: Up until 20.11.17 (20 months) we received a total of 142 referrals, representing an average of 7 per month, or around 2 per week. 54 (38%) were deemed to have a very low probability of GCA based on their age, history & CRP and were not seen or scanned. 88 (62%) of referrals underwent Fast Track assessment including TAU (62 F; 26 M); Mean age 71 (range 52-88). Time from referral to assessment was as follows: (25) 28% were seen on the same day; (60) 68% were seen by the next day; (69) 78% were seen within 2 days of referral; (84) 95% were seen within 3 days of referral. 25/88 (28%) patients were diagnosed with GCA. Of these, 14 patients had a positive TAU and did not require TAB. 9 patients had an equivocal or negative TAU and were diagnosed on TAB. Only 1/25 GCA patients experienced LOV (4%). The patient was an 82 year old male diabetic who presented to Ophthalmology with unilateral LOV but no symptoms of GCA and also with a normal CRP (4.1mg/L). However, he had stopped 1mg of prednisolone for PMR 2 weeks prior to developing LOV. TAU was positive, but in view of the atypical nature of his symptoms ("silent GCA") & normal CRP, he also underwent TAB, which was positive confirming the diagnosis of GCA. 1 patient had a negative TAU and TAB, but was subsequently diagnosed with LVV on Axillary artery US.

Conclusion: A previous survey of 20 GCA patients diagnosed in Fife over a 2 year period (Jan 2007 - Jan 2009) recorded a 50% rate of LOV. This was largely attributed to delayed referral. We have now successfully introduced Scotland's First Fast Track Referral Pathway for Suspected GCA using TAU. This has led to a dramatic reduction in Morbidity in terms of LOV (< 5%).

Disclosure of Interests: None declared

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AB0604

CLINICAL FEATURES AND TREATMENT IN A COHORT OF PATIENTS WITH BEHÇET DISEASE IN A TERTIARY HOPITAL OF BARCELONA

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Background: Behçet disease (BD) is considered a systemic vasculitis according to the Chapel-Hill classification, which occurs most frequently between latitudes 30 and 45° north and in the area of the Old Silk Route. Turkey has the highest prevalence, followed by Japan. In Spain, a prevalence of 7.5 cases per 100,000 persons has been estimated. The epidemiological and clinical characteristics of European patients with BD vary with respect to those of the Turkish and Japanese cohorts.

Objectives: Description of clinical features and treatment received in a cohort of patients diagnosed with BD in an Internal Medicine Unit of a tertiary centre from Barcelona.

Methods: Retrospective, observational study. Epidemiological, clinical and laboratory data were obtained from clinical charts. SPSS package was used to perform statistical analysis.

Results: 132 patients (56.6% men) diagnosed over the last 30 years and followed-up until the censoring data were included. 112 (84.8%) were Caucasians, 15 (11.4%) from North Africa, 4 (3%) Asiatic and 1 (0.8%) from South America. 2 (1.5%) patients had a family history of BD and 9 patients (6.8%) a family history of other rheumatic diseases. 43.9% (58 patients) were HLA-B51. Oral or genital ulcers were present in 131 (99.2%) patients and skin involvement in 106 (80%) cases, 44.6% had erythema nodosum, 59% had acne-like lesions and 9% had cutaneous vasculitis. Ocular involvement was observed in 69 cases (52.3%): 27 patients unilateral and 8 bilateral anterior uveitis; 14 unilateral and 3 bilateral posterior uveitis; 10 patients unilateral and 14 bilateral panuveitis; 19 unilateral retinal vasculitis and 12 bilateral. Neurological involvement was present in 37 (28%) patients: 10 parenchymal disease and 17 cases non-parenchymal disease (aseptic meningitis or vasculitis); 8 patients benign intracranial hypertension, and 3 had dural sinus thrombosis. Articular involvement was recorded in 79 (59.8%) patients (it was observed 25

monoarthritis, 24 oligoarthritis, 6 polyarthritis and 58 patients had arthralgia). Vascular involvement was present in 43 (32.6%) cases: deep venous thrombosis in 38 patients (11 cases in locations other than the extremities); pulmonary embolism in 7; 21 thrombophlebitis; and 6 patients aneurysms (only 2 pulmonary arterial aneurysms). Digestive involvement was present in 12 (9.1%) patients, with predominant colon involvement (8 cases).

The most prescribed drugs were corticosteroids (85.6%) and colchicine (77.3%), followed by azathioprine (36.4%) and cyclosporine A (33.3%). Other prescribed drugs were thalidomide (6.1%), chlorambucil (6.9%), methotrexate (4.5%), anti-TNF-alpha therapies (infliximab 6.8% and adalimumab 2.3%), cyclophosphamide (3%), mycophenolate (3.8%), leflunomide (1.5%) and 22% received anticoagulation.

Conclusion: Clinical features of our patients are similar to those of other European cohorts, although a high prevalence of organic involvement (ocular, neurological, vascular and joint) should be highlighted.

REFERENCES

- [1] Saadoun D, Wechsler B. Behçet's disease. *Orphanet J Rare Dis.* 2012 Apr 12;7:20. doi: 10.1186/1750-1172-7-20.
- [2] Mendes D, et al. Behçet's disease – a contemporary review. *J Autoimmun.* 2009 May-Jun; 32 (3-4): 178-88. doi: 10.1016/j.jaut.2009.02.011.
- [3] Leccese P, et al. Behçet's syndrome in nonendemic regions. *Curr Opin Rheumatol.* 2017. doi: 10.1097/BOR.0000000000000349

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AB0605

SERUM NEOPTERIN AND ISCHEMIA MODIFIED ALBUMIN LEVELS ARE ASSOCIATED WITH THE DISEASE ACTIVITY OF ADULT IMMUNOGLOBULIN A VASCULITIS (HENOCH-SCHÖNLEIN PURPURA)

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Background: Immunoglobulin A vasculitis (IgAV) [formerly called Henoch-Schönlein purpura (HSP)] is an IgA mediated systemic vasculitis which primarily affects skin, gastrointestinal system and small vessels of kidneys. Exact pathogenesis of IgAV remains unknown. A few clinical studies evaluated the role of oxidative injury in the pathogenesis of vasculitis. Ischemia modified albumin (IMA) and Neopterin increased status of oxidative stress.

Objectives: The aims of the study are to investigate serum neopterin and IMA levels in patients with IgAV and evaluate the association of these markers with disease activity and relapse.

Methods: Thirty-four consecutive adult patients (24 males and 10 females) admitted to the rheumatology clinic of Ankara Numune Training and Research Hospital meeting the IgAV American College of Rheumatology (ACR) criteria were enrolled in this cross-sectional study. Demographic and clinical features of IgAV and control group were recorded into a pre-defined protocol. Disease activity was categorized as "remission" or "active" according to BVAS. BVAS ≥ 1 was accepted "active". Serum neopterin levels, hsCRP and IMA were evaluated according to BVAS and compared to healthy control group.

Results: Serum median (IQR) neopterin, IMA levels and hsCRP were higher in the study group than in control group [2.01 (12.5) ng/mL vs. 1.77 (1.37) ng/mL, 0.67 (0.2) ng/mL vs. 0.43 (0.17) ng/mL, 5.6 (17.1) mg/L vs. 1.55 (1.6) mg/L, p=0.095, p<0.001 and p=0.002, respectively]. When evaluated according to BVAS, IMA and hsCRP levels were significantly higher in the group with active disease [0.77 (0.12) vs. 0.61 (0.13) and 14.85 (4.6), p=0.009 and p=0.03, respectively]. Serum neopterin levels were significantly higher in the active group compared to BVAS [18.95 (32.36) vs. 1.63 (1.48), p<0.001].

Conclusion: Oxidative stress is important in HSP pathogenesis. Roles of hsCRP, Neopterin and IMA as potential markers of diagnosis and disease activity seem to be worth studying in the future studies with larger study groups.

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