AB0610

PERSISTENT INFLAMMATION DESPITE TOCILIZUMAB TREATMENT IN 2 PATIENTS WITH LARGE VESSEL VASCULITIS AND AORTIC INVOLVEMENT REQUIRING AORTIC VALVE REPLACEMENT

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Background: Tocilizumab (TCZ) has recently been approved for treatment of giant cell arteritis (GCA). Despite clinical, radiologic and serologic improvement in the majority of patients, it remains unclear whether inflammation of the vascular wall in patients with large vessel vasculitis may persist.

Objectives: To report 2 patients who were treated with TCZ for large vessel vasculitis involving the ascending aorta. The patients underwent aortic valve replacement in both cases and partial replacement of the ascending aortic arch in one case.

Methods: Following therapy with glucocorticosteroids (GC) and TCZ, replacement of the aortic valve and of the partial ascending aorta were performed, followed by a histopathologic examination of the surgical specimen.

Results: We report two female patients, aged 40 and 67 years, both diagnosed with large vessel vasculitis involving the aortic arch. Aortitis of the ascending aorta and significant aortic insufficiency were demonstrated in both patients by PET-CT, MR angiography and transesophageal cardiac ultrasound.

In Pat 1, PET CT and MR angiography revealed vascular inflammation. Intravenous pulse GC was initiated, followed by oral prednisone with stepwise tapering and TCZ iv 8mg/kg/month. Two weeks after the 2nd infusion of TCZ, MR angiography showed significant reduction of gadolinium enhancement in the wall of the ascending aorta and the patient subsequently underwent valve replacement.

Pat 2 was diagnosed with vasculitis of the aortic arch by MR angiography. Therapy with oral GC (1mg prednisone/kg) and methotrexate was initiated. After 12 months, the treatment was switched to TCZ 162mg sc once weekly because of inadequate control of disease. The patient was monitored clinically and by PET CT and GCA was considered well controlled over 4 years. Due to continuous enlargement of the ascending aorta resulting in significant aortic insufficiency, the patient underwent replacement of the aortic valve and the ascending aorta.

Both patients showed normalization of CRP and ESR during TCZ treatment.

In summary, despite PET-CT and MR angiography showing reduction in vascular wall inflammation before surgery and CRP and ESR normalized, both patients showed histologically persistent lymphoplasmacellular infiltrates (predominantly CD3+CD4+ T cells in patient 1) and, in addition, giant cells in pat 2.

Conclusion: Despite adequate control of large vessel vasculitis involving the ascending aorta clinically as well as by imaging, the 2 patients reported here had to undergo valve replacement which showed persistent inflammation of the aortic wall despite treatment with TCZ.

Disclosure of Interests: Andrea Rubbert-Roth Consultant for: Chugai, Eli Lilly, Roche, and Sanofi, Speakers bureau: AbbVie, Bristol-Myers Squibb, Chugai, Hexal/Novartis, Janssen, Eli Lilly, Merck Sharp & Dohme, Pfizer, Roche, and Sanofi, Thomas Langenegger: None declared, Peter Karl Bode: None declared, Claudia Pfofe: None declared, Olaf Chan-Hi Kim: None declared, Johannes von Kempis: None declared

DOI: 10.1136/annrheumdis-2019-eular.1905

AB0611

A NEW SHAPE OF THE TREATMENT OF VASCULITIDES: SINGLE CENTER BIOLOGICAL AGENTS EXPERIENCE

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Background: Vasculitides are a group of inflammatory diseases with different clinical and pathological features of vital importance in various sized and types which may lead to organ failure and inflammation of the vascular wall. The framework for the treatment of vasculitis is similar to that used for many other systemic autoimmune rheumatic disorders, while the specific therapeutic regimen depends upon the nature and severity of the particular disorder (1,2).

Objectives: The aim of this study is to evaluate the efficacy of biological agents in 56 vasculitides patients with resistant/intolared to cDMARDs.

Methods: Between January 2015 and December 2018, fifty six patients who were diagnosed as vasculitis (Takayasu arteritis-TA, Granulomatosis with polyangiitis(GPA), Giant cell arteritis (GCA) and Behçet Syndrome (BS) at Sivas Cumhuriyet University Medical Faculty Rheumatology-Internal Medicine Department were included in to the study.

Results: 24 (43%) male and 32 (57%) female were included in the study. The median age of the patients was 56 years (min:19-max: 77) and the median age at diagnosis was 39 years (min 17-max 73). 14 (25%) patients with TA, 22 (39%) patients with GPA, 3 (5%) patients with GCA and 17 (31%) patients with BS included in this study. Tocilizumab treatment was used 6 of 8 patients who were resistant to anti-TNF. In 22 GPA patients with pulmonary and kidney involvement, Rituximab (RTX) treatment was started in 18 patients who were unresponsive to cDMARD and cyclophosphamide therapy. Plasmaexchange were used in 4 (18%) patients with alveolar hemorrhage. Indication of anti- TNF agents in behçet's syndrome were as follows panuveitis 70%, neuro-behçet 17.5% and vessel involvement 12.5% (Table 1). 1 GPA patient was died and other GPA, TA and BS patients have clinically response. Biological treatment is continued as maintenance therapy.

Conclusion: Biological treatments were used safely and effectively in vasculitis. In particular, RTX treatment is recommended for both induction and maintenance of GPA. Tocilizumab treatment is very effective in TA and GCA. However, large and long-term studies are needed in terms of long-term effects.

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Abstract AB0611 Table 1: Clinical Features Of Patients And Treatment Modalities

	n	Clinical features	cDMARDs	Anti-TNF	RTX
Takayasu	14 (25%)		6 (43%)	2 (14%)	6 (43%)
GPA	22 (39%)	Renal+pulmoner 18 (82%) Limited 4 (18%)	4 (18%)		18 (82%)
Behçet	17 (31%)	Uveitis 12 (70%) Neuro-behçet 3 (17.5%) Vessel inv. 2 (12.5%)		17 (31%)	
GCA	3 (5%)		2 (66%)	1 (33%)	

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7536

AB0612

TEMPORAL ARTERY BIOPSY IN GIANT CELL ARTERITIS. INTERRELATION OF INFLAMMATORY PATTERNS WITH ANALYTICAL DATA AND CLINICAL MANIFESTATIONS

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Background: Giant cell arteritis (GCA) is a systemic vasculitis that affecting large and medium vessels, mainly the temporal artery and other arteries of extracranial localization (1).

Objectives: A series of 24 patients with clinical suspicion of GCA proved by a positive temporal artery biopsy (TAB) has been reviewed. Our aim was to asses a) histologic inflammatory patterns in the TAB and b) their possible correlation with analytical and clinical data.

Methods: Prospective study of 24 patients with positive TAB between January of 2016 until January of 2018. Clinical data, included: age, sex, symptomatology (cranial, visual or systemic manifestations) and physical examination of the temporal artery.

The analytical data registered were: ESR, CRP and haemoglobin. Furthermore, it has been considered if patients were receiving treatment with corticosteroids at the time of the biopsy.

Positive biopsies were classified into four categories: a) inflammation limited exclusively to the small vessels of the adventitia (SVV); b) vasa vasorum vasculitis (VVV); c) inflammation limited to the adventitia (ILA);