patients. The most frequent type of ophthalmological affection was panuveitis with retinal vasculitis in 40%, followed by uveitis in 36%. The median VA at the first visit (RE 0.85 LE 0.85), and at the last follow-up visit (RE 1 LE 1), observing an improvement in VA after follow-up. The most common extra ocular involvement was the presence of oral aphthae in 90%, followed by erythema nodosum and arthritis in 45%. Positivity for HLA B51/B57 was observed in 81% of the patients. The most frequent immunosuppressant used was CsA 59%, followed by ADA 40%. Among the main aftermath, the presence of cataract was observed in 40% and synechia in 27%. The mean follow-up of these patients was 85 months.

Conclusion: We observed an improvement in VA during the follow-up of these patients compared to VA at the beginning; 70% of patients continued with immunosuppressive treatment with good control of the disease at more than 85 months of follow-up.

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AB0626 INCIDENCE OF SERIOUS INFECTIONS AND PATTERNS OF COTRIMOXAZOLE PROPHYLAXIS IN PATIENTSWITH ANCA-ASSOCIATED VASCULITIDES

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Background: Infections are among the most serious complications in patients with ANCA-associated vasculitides (AAV) and contribute significantly in overall mortality.

Objectives: To describe the incidence and risk factors for serious infections, as well as the patterns of cotrimoxazole prophylaxis in AAV patients (GPA and MPA).

Methods: Retrospective, descriptive study of AAV patients followed in a tertiary referral center (Clinical Immunology-Rheumatology Unit and Nephrology department). Patient and disease characteristics treatments and serious infections were recorded.

Results: 56 AAV patients were included (women: 50%, mean age at diagnosis: 59.8 years, mean disease duration: 5.1 years, GPA: 68%, generalized disease: 82%). Most frequent organ involvement was renal (71%), lung (68%), nervous (20%), skin (18%) and mucous membranes/eyes (14%). 21 serious infections were recorded in 16 patients (incidence: 7.2 per 100 patient-years), with respiratory tract infections (43%) and herpes zoster (19%) being the most frequent. Incidence was 6.2-times higher in patients with severe combined lung-kidney involvement compared to those without (20 vs 3.2 per 100 patient-years, $p < 0.001$). Plasma exchange and/or hemodialysis (44% vs 12%, $p = 0.01$), age > 60 years (62% vs 35%) and treatment with cyclophosphamide (CYC)/rituximab (RTX) combination (38% vs 3%, $p = 0.001$) were more common among those who developed a serious infection. Lung-kidney involvement and combined CYC/RTX treatment remained statistically significant in multivariate logistic regression analysis. Cotrimoxazole prophylaxis was given in 70% of patients treated with CYC and/or RTX ($n = 46$). Patients with combined lung-kidney involvement were more likely to receive prophylaxis (82% vs 58%, $p = 0.08$). No case of pneumocystis pneumonia was diagnosed during follow-up.

Conclusion: In this real-life cohort, more than one out of four AAV patients experienced a serious infection during follow-up, with pneumonia and herpes zoster being the most frequent. Patients with combined lung and kidney involvement had a ~6 times higher risk for developing a serious infections and were more likely to receive appropriate cotrimoxazole prophylaxis.

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AB0627 INTESTINAL BEHCET'S DISEASE: THE CLINICOPATHOLOGY ANALYSIS OF 38 CASES

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Background: Due to the rarity of GI involvement in BD, the diagnosis of intestinal BD relies on a combination of both vasculitis and IBD type characteristics. Histopathology play an important role in differentiation.

Objectives: To investigate the clinic features, findings of endoscopy and histopathology of intestinal Behcet's disease.

Methods: The clinical features, findings of endoscopy and histopathology of 38 intestinal Behcet's disease were analyzed retrospectively.

Results: The mean age of 38 cases were 44.1 ± 15.6 years, the mean course were 64.8 ± 90.4 months. Typical clinic manifestations and endoscopic finding existed in 24(63.2%) and 22(57.9%) patients with intestinal Behcet's disease respectively. The most common(33, 86.8%) symptoms were abdominal pain and diarrhea. The sites of intestinal ulcer were seen more often(22, 57.9%) at the ileum, ileocecal area, on the ileocecal valve. Most colonoscopic appearance of ulcers were usually well demarcated, oval or round (28, 73.6%). The suggestive histopathological changes were massive neutrophilic infiltration (20, 52.6%), inflammatory granuloma(14, 36.8%) and vasculitis(8, 21%) especially phlebitis.

Conclusion: The diagnosis of intestinal Behcet's disease depends on the combination of clinic features, endoscopic appearance and histopathological findings. massive neutrophilic infiltration, inflammatory granuloma and vasculitis point to the possibility of intestinal Behcet's disease.

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AB0628 ANALYSIS OF CLINICAL FEATURES OF 15 CASES OF IGG4-RELATED DISEASES

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Background: IgG4-related disease is an autoimmune disease of unknown cause.