combined with conventional IS drugs (7) at 8 mg/kg/iv/4 w (11) or 162 mg/sc/w (3).

Abstract THU0288 – Table 2.

TABLE. Evolution of ocular parameters with TCZ therapy in a long-term follow-up.

	BASAL n=26	1 WEEK n=20	2 WEEKS n=24	1 MONTH n=24	3 MONTHS n=24	6 MONTHS n=20	1 YEAR n=17	2 YEARS n=11	3 YEARS n=7	4 YEARS n=4
BCVA	0.38±0.3 5	0.46±0.3 4*	0.56±0.3 6*	0.58±0.3 38*	0.61±0.3 7*	0.65±0.3 7*	0.61±0.3 8*	0.61±0.3 33	0.63±0.3 29*	0.93±0.3 12
AC										
CELL	1 [0-3]	1 [0-2]*	0 [0-1]*	0 [0-0.75]*	0 [0-0.25]*	0 [0-0]*	0 [0-1]*	0 [0-0]	0 [0-0]	0 [0-0]
VITRIS										
TIS	1 [0-2]	1 [0-2]	0 [0-1]*	0 [0-1]*	0 [0-0]*	0 [0-0]*	0 [0-0]*	0 [0-0]*	0 [0-0]	0 [0-0]
OCT	339.9±11	329.3±10	324.6±11	298.7±8	263.4±8	251.8±8	232.8±4	245.8±2	247.25±	247.25±
	0.1	9.1*	08.5	3.5	8.4*	7.4*	5.8*	9.9	6.2	6.2

*p<0.05

Abbreviations: AC= anterior chamber; BCVA= best corrected visual acuity; n= number of available eyes;

OCT= optical coherence tomography.

After a mean follow-up of 21.7±14.5 months using TCZ, all patients experienced ocular improvement, with complete remission in 10. However, TCZ was only effective in 5 of the patients with EOM. TABLE shows the evolution of ocular parameters.

TCZ had to be withdrawn temporarily in 1 case, due to an episode of cellulitis with sepsis, and definitely in 4 cases, due to a severe infusion reaction, arthritis impairment, persistence of oral ulcers or a new episode of uveitis (1 each). Prednisone dose was significantly reduced until suspension in all patients.

Conclusion: TCZ seems a useful and secure therapy in highly refractory BD-related uveitis.

REFERENCES:

- [1] Atienza-Mateo B, Calvo-Río V, Beltrán E, et al. Anti-interleukin 6 receptor tocilizumab in refractory uveitis associated with Behçet's disease: multi-centre retrospective study. *Rheumatology (Oxford)*. 2018 May 1;57(5):856-864.
- [2] Calvo-Río V, de la Hera D, Beltrán-Catalán E, et al. Tocilizumab in uveitis refractory to other biologic drugs: a study of 3 cases and a literature review. *Clin Exp Rheumatol*. 2014; 32(4 Suppl 84): S54-7.

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THU0289

PERSISTENCE OF CIRCULATING CRYOGLOBULINS AND RELATED SYMPTOMS AFTER HEPATITIS C VIRUS ERADICATION IN PATIENTS WITH MIXED CRYOGLOBULIN SYNDROME

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Background: The powerful drugs with direct antiviral action (DAA) against hepatitis C virus (HCV) has made it possible to eliminate the trigger factor of Mixed Cryoglobulin Syndrome (MCS) and to extend the treatment to patients who could not tolerate IFN-based antiviral regimens. However, the persistence of cryoglobulin production and MCS-related symptoms despite SVR achievement is frequently reported.

Objectives: The aim of this study was to assess the persistency rate of MCS-related clinical and laboratory indexes after successful treatment with DAA.

Methods: CRESO (CRYoglobulinaemia Eradication Study Observational) is a multicentre observational study promoted by the Italian Society of Infectious and Tropical Diseases (SIMIT) and the Italian Group for the Study of Cryoglobulinaemias (GISC), aimed to assess the impact of DAA therapy on MCS symptoms and cryoglobulin production. Patients could be enrolled if they presented, during the 12 months before the enrolment, a cryocrit ≥0.5% and, at least, one episode of palpable purpura or, alternatively, arthralgia and fatigue with at least one symptom among peripheral neuropathy, Raynaud's phenomenon, lower limb ulcers or nephropathy, and a C₄ level ≤8 mg/dL.

Results: The present analysis was based on clinical and laboratory data of 94 patients (75.5% female with a median age of 67.5 years) that have been followed up for a median time of 24 weeks (IQR 12-24) after SVR₁₂ achievement. At baseline the cryocrit was frankly positive in 85 (90.43%), detectable (>0.5%) in 4 and negative in 4 cases; patients with type II cryoglobulins and C₄ levels ≤8 mg/dL were prevalent, respectively with 81.5% and 75.9%. Low eGFR values (≤45 mL/min/1.73m²) were present in 12 cases (12.8%), 10 patients (10.6%) had a history of B-cell non-Hodgkin's lymphoma (NHL), and 1 of hepatocellular carcinoma, while liver cirrhosis was diagnosed in 22 cases (23.4%) and glomerulonephritis in 17 cases (18.1%). Patients were treated for 12 (72 cases) or 24 (21 cases) weeks with a total of ten different IFN-free DAA regimens. SVR₁₂ was achieved in all 94 cases. Both prevalence and median cryocrit values decreased significantly after DAA treatment (p<0.0001), however, at the time of the last observation 56.4% of patients were still positive for MCs. The prevalence of purpura and fatigue significantly decreased (p<0.0001) as well sicca syndrome prevalence (p<0.015), while arthralgia and lower limb ulcers decrease did not reach statistical significance. In multivariate analysis, eGFR≤45 mL/min/1.73m² was an independent predictor of persistence of cryoglobulin production (AOR 7.7, CI 95% 1.6-37.2; p<0.011).

Conclusion: CRESO study data confirm the persistence of cryoglobulin production and MCS symptoms in some patients, despite the eradication of HCV. This finding rises questions about the possible further evolution of the disease over time regardless the persistence of its original trigger.

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THU0290

DISEASE AND TREATMENT-RELATED MORBIDITY IN YOUNG AND ELDERLY PATIENTS WITH ANCA-ASSOCIATED VASCULITIS

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Background: Advancing age may be a risk factor for morbidity in anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV).

Objectives: We aimed to compare the rates and better characterize the type of disease- and treatment-related complications affecting young and elderly patients with AAV.

Methods: All new cases of granulomatosis with polyangiitis or microscopic polyangiitis diagnosed between 2000 and 2016 in three referral centers in Northern Italy were included. Patients were stratified by age into young or elderly (<≥65 years old). Data were collected from time of diagnosis until end of follow-up, with scheduled annual visits or additional visits in case of relapse or complication requiring hospitalization.

Results: Of 141 patients included, 99 were young and 42 elderly at the time of AAV diagnosis. Median follow-up was 58.0 months (25-75% IQR, 31.0-60.0) in young and 48.0 months (25-75% IQR, 23.25-60.0) in elderly patients (p>0.05).

Overall, total chronic damage assessed by Vasculitis Damage Index (VDI) significantly increased in elderly patients compared to young ones during follow-up (=0.28, p<0.05). Although rates of the most common complications scored in the VDI (i.e. arterial hypertension, heart failure, ischemic cardiovascular complications, diabetes, and malignancy) accumulated over time when analyzed singularly, no difference between the two age groups was observed (p>0.05). Sixty-three (44.7%) patients had acute kidney injury due to AAV-glomerulonephritis at diagnosis, 37 were young and 26 were elderly. In these patients, renal function recovery in the first 6 months was significantly lower for elderly (median ΔeGFR (25-75%IQR), 5.3 (0.4-14) mL/min/1.73m²) compared to young patients (22.8 (5.9-52.1) mL/min/1.73m², p=0.008) while on induction treatment. Stratification for

ANCA status (MPO-ANCA+ versus PR3-ANCA+), did not change these results. Despite similar immunosuppressive therapy approaches and relapse rates, elderly patients had a higher rate of severe infections compared to younger patients (OR 2.1, 95% CIs: 1.1-4.4, $p=0.043$; Figure below).

Abstract THU0290 – Figure 1

Conclusion: Our findings indicate that elderly patients had higher susceptibility to morbidity related to vasculitis or its treatment than younger patients, particularly to worst renal function recovery and higher infection rate.

REFERENCES:

- [1] Harper L, et al. ANCA-associated renal vasculitis at the end of the twentieth century—a disease of older patients. *Rheumatology (Oxford, England)*. 2005;44(4):495-501.
- [2] Pagnoux C, et al. Treatment of systemic necrotizing vasculitides in patients aged sixty-five years or older: results of a multicenter, open-label, randomized controlled trial of corticosteroid and cyclophosphamide-based induction therapy. *Arthritis & rheumatology (Hoboken, NJ)*. 2015;67(4):1117-27.
- [3] Yates M, et al. EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis. *Annals of the rheumatic diseases*. 2016;75(9):1583-94.

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THU0291 THE CHARACTERISTICS OF PEDIATRIC BEHÇET'S DISEASE IN TURKEY VERSUS ISRAEL

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Background: Behçet's disease (BD) is a variable vessel vasculitis affecting all sizes of vasculature in both the arterial and venous systems. Children with BD comprises 3-24% of all BD patients.

Objectives: To compare the demographics, presentation, clinical manifestations, disease activity, and treatment in pediatric Behçet's disease in Turkey versus Israel.

Methods: Three centers from Turkey and two centers from Israel participated in this study. The diagnosis of BD was before 16 years of age and based on expert opinion at each center. BD current activity form (BDCAF) was used for assessing disease activity.

Results: A total of 205 patients were included (165 from Turkey; 40 from Israel). HLA-B51 positivity (68.3% vs 46.2%, $p=0.028$), male gender (52.1% vs 30%, $p=0.012$), and skin involvement (especially necrotic

folliculitis) (55.2% vs 22.5%, $p<0.001$) were more frequent among patients from Turkey compared to the ones from Israel. The first disease-related symptom was oral aphthosis in both groups followed by genital aphthosis and arthralgia/arthritis in patients from Turkey and Israel, respectively. The median BDCAF values were worse at the first visit for patients from Turkey than those from Israel (4 vs 2, $p<0.001$). The most commonly prescribed drug was colchicine in the whole group (96.6%). Significantly more patients were treated with corticosteroids (50% vs 28.5%, $p=0.006$), methotrexate (17.5% vs 3%, $p=0.002$), infliximab (10% vs 1.8%, $p=0.026$), and nonsteroidal anti-inflammatory drugs (12.5% vs 1.8%, $p=0.007$) in Israel than Turkey. For the classification of BD in the whole group, ICBD criteria had the highest sensitivity (73.2%) followed by PED-BD (pediatric BD) (47.8%) and ISG (The International Study Group) (42%) criteria sets.

Abstract THU291 – Table 1. The characteristics of children with Behçet's disease

Characteristics, n (%)	All patients (n=205)	Patients from Turkey (n=165)	Patients from Israel (n=40)	P value
Male	98 (47.8)	86 (52.1)	12 (30)	0.012
Age at symptom onset, months, median (min-max)	133 (12-191)	132 (12-191)	134 (12-190)	1
Age at diagnosis, months, median (min-max)	156 (48-191)	156 (48-191)	153 (55-191)	0.96
Oral aphthosis	204 (99.5)	165 (100)	39 (97.5)	0.195
Genital aphthosis	134 (65.4)	107 (64.8)	27 (67.5)	0.75
Skin involvement	100 (48.8)	91 (55.2)	9 (22.5)	<0.001
Eye involvement	29 (14.1)	22 (13.3)	7 (17.5)	0.49
Neurologic involvement	30 (14.6)	26 (15.8)	4 (10)	0.35
Vascular involvement	22 (10.7)	19 (11.5)	3 (7.5)	0.77
Pathergy positivity	45/167 (26.9)	42/154 (27.3)	3/13 (23.1)	1
HLA-B51 positivity	122/187 (65.2)	110/161 (68.3)	12/26 (46.2)	0.028
BDCAF at first visit	3 (0-15)	4 (1-15)	2 (0-5)	<0.001
BDCAF at last visit	1 (0-13)	1 (0-13)	1 (0-4)	0.15

Conclusion: This is the largest cohort of pediatric BD reported to date. The disease manifestations and disease activity significantly differ among pediatric BD patients from Turkey and Israel which emphasizes the effect of the ethnicity on disease phenotype.

REFERENCE:

- [1] Kone-Paut I, et al. Consensus classification criteria for paediatric Behçet's disease from a prospective observational cohort: PEDBD. *Ann Rheum Dis* 2016;75:958-64.

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THU0292 EXTRACRANIAL VESSEL INVOLVEMENT IN PATIENTS WITH GIANT CELL ARTERITIS

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Background: Giant cell arteritis (GCA) is a large vessel vasculitis with a predisposition for the cranial branches of the external carotid artery. However, aorta and/or its main branches may also be involved.