Figure 1. Treating physician's clinical suspicion for GCA before and after VUS among 431 patients without a history of GCA/aortitis

		VUS positive for acute arteritis (n=35)				
		Post-test impression				
		Definite GCA	Very likely GCA	Possible GCA	Unlikely GCA	Not GCA
Pre-test impression	Definite GCA	3	-	-	-	-
	Very likely GCA	13	3	-	-	-
	Possible GCA	8	3	3	-	-
	Unlikely GCA	1	1	-	-	-
	Not GCA	-	-	-	-	-

		VUS negative for acute arteritis (n=396)				
		Post-test impression				
		Definite GCA	Very likely GCA	Possible GCA	Unlikely GCA	Not GCA
Pre-test impression	Definite GCA	1	-	-	1	-
	Very likely GCA	4	9	7	9	5
	Possible GCA	3	2	35	41	141
	Unlikely GCA	-	-	2	20	99
	Not GCA	-	1	-	2	14

Increased suspicion	No change	Decreased suspicion
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Abstract THU0300 – Figure 1

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THU0301

SPLENIC INVOLVEMENT IS NOT RARE IN ANCA-ASSOCIATED VASCULITIS HOWEVER SPLENIC INFARCT MIGHT ONLY BE ASSOCIATED WITH GRANULOMATOSIS WITH POLYANGIITIS

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Background: Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis (AAV) is a systemic necrotizing vasculitis of small and medium-sized arteries. Although, upper and lower respiratory tracts and kidneys are predominantly affected; other organs/systems can also be involved in the course of the disease and in some cases, it might be difficult to differentiate subgroups based on the clinical presentation. Splenic involvement has been rarely reported, mainly in patients with granulomatosis with polyangiitis (GPA), in fact, it was thought to be underestimated, as it is often asymptomatic.

Objectives: In this study, we aimed to investigate systematically the frequency of splenic infarct and related factors in our AAV patients. We also evaluated the role of splenic involvement in the differentiation of AAV subgroups.

Methods: Patients with a diagnosis of AAV in whom abdomen/thorax computed tomography (CT) was performed were included in the study. An experienced radiologist examined CT images for the presence of splenic involvement. The clinical and demographic data were retrospectively collected.

Results: In total 70 (30 [43%] female and mean age 56.1 ± 15.7 years) AAV patients (38 [54%] had granulomatosis with polyangiitis (GPA); 20 [29%] microscopic polyangiitis; 11 [16%] renal-limited disease and 1 [1%] eosinophilic granulomatosis with polyangiitis) were included in the analysis. Splenic pathologies including splenomegaly, hypodense lesion/s, lobulation, and infarction were seen in 21 (30%) patients with AAV. Splenic infarct was observed in seven (10%) patients and all had GPA with renal involvement and PR3ANCA positive. Three of them had total splenic infarct or auto-splenectomy. None of these patients had a history of endocarditis, shock or malignancy before CT. Splenic infarction was found to be negatively correlated with age at diagnosis ($p=0.017$; $\rho=-0.285$), and positively associated with ENT (ear-nose-throat) ($p=0.002$; $\rho=0.370$) and eye involvements ($p=0.013$; $\rho=0.324$).

Conclusion: Our results show that splenic pathologies might not be rare in AAV however, infarction can help to separate GPA from other AAVs. In young GPA patients, in particular, those with ENT and eye involvement, physicians should remember splenic infarction. Since almost half of our cases had severe infarction or autosplenectomy, clinicians might consider immunization in GPA patients for vaccine-preventable infections.

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Abstract THU0301 – Figure 1. Computed abdominal tomography scan of one the patients with splenic infarction; transverse (a) and coronal images (b) show an irregular contoured shrunken spleen (arrows).

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THU0302

OUTCOMES OF PREGNANCY IN BEHCET'S DISEASE

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Background: Behcet's disease (BD) is multisystemic disease of unknown cause. The relationship between BD and pregnancy is reported in limited number of studies.

Objectives: To evaluate outcomes of pregnancies in BD patients (pts).

Methods: We retrospectively collected data of 22 women with BD diagnosis (according to ISGBD 1990 and ICBID 2014) and their 68 pregnancies. Pts' mean age was 30 [26;35] yrs, disease duration 7 [2;10] yrs. Ten (45,5%) pts had severe BD according to Ch.Zouboulis classification (due to generalized uveitis, retinal vasculitis and parenchymatous CNS lesions), while other 10 (45,5%) pts had mild disease with mainly dermal-mucous manifestations, and remaining two (9%) pts had moderate disease. These patients did not receive cytotoxic therapy.

Results: Sixty-eight pregnancies in 22 pts resulted in 45 live birth (4 cesarean section in 2 pts). Four patients had 11 medical abortions on request before 12 weeks of gestation, one patient - due to medical reasons (rubella on the 7th week of gestation). Seven (32%) out of 22 pts had adverse pregnancy outcomes. Five (23%) pts had 8 intrauterine deaths: one patient - 3 intrauterine deaths (4-10 weeks), two pts - 2 (10-12 weeks) and one - 1 intrauterine deaths (10 weeks). Two (9%) pts had 3 miscarriages 5–10 weeks. Antiphospholipid syndrome was never detected in pts from this cohort.

BD Severity and pathology of pregnancy

BD Severity	N=22 (%)	Intrauterine deaths/Miscarriage
Mild	10 (45,5)	3/2
Moderate	2 (9)	5/0
Severe	10 (45,5)	0/1

Out of 45 babies children born by BD patients only two had relapsing aphthous stomatitis and one - congenital glaucoma ("Neurobehcet" inherited from mother).

Conclusion: BD pts demonstrated high rates of adverse pregnancy outcomes. Unfavorable outcomes of pregnancy were documented in pts regardless (with all grades of) BD severity.