weeks 1, 4, 12, 24 and 48 of follow-up (FU). At diagnosis, all patients received GC in line with EULAR recommendations with a slow GC tapering starting after week 4. At week 12, some of the patients (16/27) received additionally leflunomide (10 mg). Whole blood samples were stained, lysed, fixed and analyzed by flow cytometry. The expression of adhesion molecules (CD62L, CD11b) was determined on neutrophils. Sera levels of serum amyloid A (SAA) and IL-6 were measured by nephelometry and ELISA, respectively. Levels of IL-8, IL-18, IL-23, L-selectin and CHI3L1 were determined by MagPix using human pre-mixed multi-analyte kits.

Results: At weeks 1 and 4 of FU we detected a decrease in neutrophil expression of CD62L and CD11b, as well as in sera levels of SAA, IL-6, IL-8, IL-18, L-selectin and CHI3L1 in all GCA patients. At week 12 (8 weeks after GC tapering) an elevation of CD11b, SAA, IL-6 and IL-23 as compared to week 4 was observed (Figures 1 and 2). At weeks 24 and 48 of FU we identified four different groups of biomarkers. The first group consisted of neutrophil CD62L ($p < 0.05$) and serum IL-6, that showed a marked increase in patients receiving GC therapy only, while decreasing in patients receiving GC in combination with leflunomide. The second group is represented by neutrophil CD11b and serum IL-8 that were higher at week 24 in the GC-treated group (the first FU after receiving leflunomide), however their levels were equal at week 48 in both groups of GCA patients (Figures 1 and 2). In the third group, the serum levels of SAA, IL-18 and L-selectin decreased at week 24 and remained stable through week 48, regardless of therapy used. The fourth group of biomarkers included serum IL-23 and CHI3L1, levels of which declined at weeks 24 and 48 in patients receiving GC only and substantially increased in patients receiving leflunomide and GC (Figure 2).

Conclusion: Neutrophil surface markers CD62L and CD11b together with inflammatory parameters (SAA, IL-6, IL-8 and IL-23) could represent informative biomarkers for monitoring disease progression in GCA patients. Important biomarker differences were observed between GC-treated GCA patients, in the presence and absence of leflunomide, serving as a good basis for predicting relapses.

Abstract THU306 – Figure 1. Longitudinal L-selectin (CD62L) and integrin α M (CD11b) surface expression on neutrophils from GCA patients at T0 (prior to therapy) and 1, 4, 12, 24 and 48 weeks after therapy. Shown is mean $\pm$ SEM. At week 12, 16/27 GCA patients received leflunomide, in addition to GC therapy.

Abstract THU306 – Figure 2. Serum levels of IL-6, IL-8, SAA, IL-18, L-selectin, IL-23 and CHI3L1 in longitudinally followed GCA patients at T0 (prior to therapy) and 1, 4, 12, 24 and 48 weeks after therapy. Shown is mean $\pm$ SEM. At week 12, 16/27 GCA patients received leflunomide, in addition to GC therapy.

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THU0307

THE HALO SIGN IN THE EMERGENCY DEPARTMENT: COMPLEMENTARY VALUE TO THE APPLICATION OF THE CRITERIA FOR THE CLASSIFICATION OF GIANT CELL ARTERITIS IN AN ACUTE ENVIRONMENT

Carlos Guillén-Astete, Fernando Lopez-Gutierrez, Ana Rodriguez-García, Carmen Larena, Monica Luque-Alarcón, Jose Luis Morell Hita. *Hospital Ramón Y Cajal, MADRID, Spain*

Background: In a previous study (Acta Reum 2018; Vol.4.No.1:5), we identified the low diagnostic value of the criteria for classification of giant cell arteritis (GCA) in patients with such suspicion in an emergency setting of a third level hospital. In some emergency units, linear probe ultrasound equipment is available for immediate use. It would be of interest to determine whether the training of healthcare personnel in halo sign recognition could be useful in addition to the CGA criteria in situations of suspicion.

Objectives: We present a sub-study in which we incorporate the ultrasound study of temporal arteria (TA) as an added criterion to determine its contribution in terms of diagnostic validation.

Methods: We reviewed the casuistry of patients who consulted the emergency department with different combinations of the rest of the ACG classification criteria, included in the aforementioned study. The entry requirements were: Age > 40 years and headache as a reason for consultation. We identified those patients who underwent temporal artery ultrasound during assessment before receiving corticoid therapy. The pattern of comparison was the definitive diagnosis of ACG (biopsy).

Results: Thirty cases of ACG were identified by compatible biopsy that had an ultrasound study of AT in the emergency department. On the other hand, 47 ultrasound AT studies were identified in patients who were not finally diagnosed with ACG. All included records were distributed between 2012 and 2016. Ultrasound exploration of positive AT was understood as that with 2 or more branches with positive halo sign (Sifuentes, Ann Rheum Dis 2013-eular- OP0208). Tables 2x2 were elaborated to establish the results of the validation test with three and four ACG classification criteria. One patient was identified with the combination of criteria: cephalaea + VSG > 50mm/h + Alt. of the exploration of the AT and 4 with cephalaea + Age > 50 years + Alt. of the exploration of the AT. Of these patients, only one had ultrasound study of AT so they were excluded from the study. With 4 criteria + halo sign (+), an S of 93.3% and NPV of 93.3% was achieved; with 3 criteria + halo sign (+) an S of 83.3% and NPV of 93.7% was achieved. The attached table shows all the results of the validation test.

Abstract THU0307 – Table 1.

CRITERIA COMBINATION	SENSITIVITY	SPECIFICITY	PPV	NPV
HEADACHE + AGE > 50 YEARS + ESR > 50 + TEMPORAL ARTERY ANORMALITY	94.1%	35.4%	56.2%	93.6%
4 CRITERIA + HALO (+)	82.3%	93.3%	93.3%	82.3%
HEADACHE + AGE > 50 YEARS + ESR > 50MM/H	96.9%	25.7%	38.3%	94.5%
3 CRITERIA + HALO (+)	76.9%	93.7%	83.3%	90.9%

Conclusion: Although the application of the GCA classification criteria has insufficient specificity and low positive predictive value, when adding the ultrasound study of TA, specificity exceeds 93% and PPV exceeds 93% when combined with 4 criteria and 83% when combined with 3 criteria. Although our results should be supported by a larger sample size, our findings assume that the routine use of this technique would contribute to improving the diagnostic accuracy of this disease and our ability to initiate treatment in a more timely manner.

Disclosure of Interests: None declared

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THU0308

ASSESSMENT OF SEXUAL AND PSYCHOLOGICAL STATES OF BEHÇET'S DISEASE MALE PATIENTS

Alaa A A Mohamed¹, Manal Hassanien¹, Amr Abou Faddan², Arwa Aljohi¹, Safaa A Mahran¹. ¹Assiut University Hospital, Rheumatology and Rehabilitation, Assiut, Egypt; ²Assiut University Hospital, Urology, Assiut, Egypt

Background: Behçet's disease (BD) is a chronic multisystem autoimmune disease characterized by orogenital ulceration, uveitis, skin lesions and vascular involvement of different organs in the body. The sexual and psychological aspects of the disease are still not fully recognized.

Objectives: We aimed to evaluate the sexual and psychological status of BD male patients and to assess the relationship between the sexual function and depression in this cohort.