Figure. The results of the Kaplan-Meier analysis. Overall mortality was significantly associated with renal involvement (a) and AAV subgroups (b).

*AAV: ANCA-Associated Vasculitis; GPA: Granulomatosis with Polyangiitis; MPA: Microscopic Polyangiitis; RLV: Renal Limited Vasculitis

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FRI0294

CHEMOTHERAPY AND G-CSF INDUCED LARGE VESSEL VASCULITIS AND CAROTIDYDIA – SIX PATIENT CASES AND A SYSTEMATIC LITERATURE REVIEW

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Background: Large vessel vasculitis (LVV) and neutropenic infection in patients receiving chemotherapy present similar clinical symptoms with fever and high inflammation parameters. Infection is more frequent but LVV should be kept in mind as differential diagnosis. LVV is a serious condition which may lead to vessel wall damage. Published few case reports and adverse event reports suggest causal association between LVV and use of granulocyte colony-stimulating factor (G-CSF) and/or chemotherapy (1).

Objectives: To evaluate the rare connection of LVV and anticancer therapy by describing our six patient cases and a systematic review of the literature.

Methods: Between 2016-2018 we identified six patients with probable drug induced LVV associated with chemotherapy and G-CSF. All patients had breast cancer. Systematic literature review was performed according to PRISMA guidelines using comprehensive search terms for breast cancer, chemotherapy, LVV and G-CSF.

Results: In our case series, 5/6 patients developed LVV symptoms within two weeks after administration of docetaxel and G-CSF. Vasculitis symptoms disappeared after drug cessation or drug change.

Literature search identified 16 published case reports with association of LVV and chemotherapy fulfilling our study criteria. Altogether 22 cases were analyzed. Mean age was 59 years (range 40-77 years). In 14/22 cases data from G-CSF administration was available. Time delay from drug administration to LVV symptoms was average 10 days (range 1-42 days) with G-CSF and median 12 days (range 2-310 days) with chemotherapy. Most prevalent cancer types were breast cancer (8/22),

hematological malignancies (7/22) and lung cancer (3/22). Most common clinical LVV symptom were fever (18/22), neck pain (11/22) and chest pain (8/22). Diagnosis was confirmed with imaging studies showing vasculitis in various large vessels in upper body. Notably, four cases had vascular inflammation only in carotid region and this was recognized by radiologist as carotidynia/transient perivascular inflammation of the carotid artery (TIPIC) syndrome.

Conclusion: Large vessel vasculitis is a possible serious rare adverse event associated with chemotherapy (possibly docetaxel) and G-CSF. Since signs and symptoms are non-specific, we assume this condition is underdiagnosed and should be kept in mind when treating oncological patients. Successful management requires early identification and cessation of the drug. When diagnosed and treated properly, the recovery is usually fast.

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FRI0295

EVALUATION OF CLINICAL CHARACTERISTICS IN BEHCET SYNDROME BY GENDER AND AGE; A SINGLE CENTER EXPERIENCE WITH 665 PATIENTS

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Background: To evaluate clinical characteristics according to age and gender in patients with Behcet's Syndrome (BS).

Objectives: BS is a systemic vasculitis that affects mucosa, skin, joint, eye, vessels, gastrointestinal system, and central nervous system. The disease characterizes by relapses and remissions, and it is known that prognosis is worse in young males. The aim of this study was to reinvestigate the relationship between the clinical features of BS according to gender and age.

Methods: The data of 665 patients (282 male, 383 female), diagnosed as BS according to the ISG-1990 Behçet's Disease classification criteria, were retrospectively evaluated.

Results: All patients had oral aphthous (OA) ulcers (100%). Eighty-five percent of patients had a genital ulcer (GU), 56.5% had erythema nodosum (EN), 65.9% had papulopustular lesions (PPL), 32.6% had ocular involvement, 49.3% had joint involvement, and 21.7% vascular involvement, and 4.8% had neurobehcet. The incidence rates of PPL, ocular involvement, and vascular involvement were significantly higher in males ($p < 0.001$, $p = 0.004$ and $p < 0.001$, respectively). GU, joint involvement, headache, and pathergy positivity were more common in women ($p = 0.006$, $p < 0.001$, $p < 0.001$ and $p < 0.001$, respectively). Table 1 shows the comparison of the clinical features according to gender. When we compare the mean age of the patients according to the presence or absence of clinical findings; patients with GU, EN, and vascular involvement were found to be younger than those without ($p = 0.006$, $p = 0.025$ and $p = 0.007$, respectively) (Table-2).

Conclusion: Clinical features of BS may vary according to age and gender. Variations can be observed depending on the size of the population, the center where the study is conducted, and the selected-criteria for inclusion. In our study, PPL, ocular involvement and vascular involvement were more frequent in men, whereas GU, joint involvement, headache, and pathergy positivity were more common in women. In addition, GU, EN, and vascular involvement were related to younger ages. Our results were compatible with the BS literature.

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None