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SAT0256

THE ROLE OF FAST-TRACK ULTRASOUND IN PREVENTING EARLY COMPLICATIONS AND RELAPSES IN GIANT CELL ARTERITIS

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Background: Giant Cell Arteritis (GCA) is the most common form of primary systemic vasculitis, mainly affecting adults over 50 years old. Permanent visual loss (PVL) is one of the most feared complications, occurring in about 20% of cases, typically prior to initiation of high-dose glucocorticoid (GC) therapy. Color-duplex sonography (CDS) of temporal arteries (TAs) and large vessels (LVs) is recognized as a first-line diagnostic tool for patients with suspected GCA. A fast track approach (FTA), incorporating CDS has been associated to a significant reduction of PVL in two retrospective studies^{1,2}.

Objectives: To assess the impact of FTA on PVL and risk of relapses during follow-up compared to conventional care prior to the introduction of the FTA in our rheumatology clinic.

Methods: Patients with new-onset GCA evaluated in our department from January 1998 to September 2019 were included in the study. The FTA approach for GCA was implemented since October 2016. The diagnosis of GCA was based on positive TAs and/or LVs CDS and/or a positive TA biopsy and clinical signs and symptoms of GCA. All patients were clinically examined by the same rheumatologist who performed the CDS. PVL was defined as total visual impairment in one or both eyes. Data on baseline clinical features and later outcomes were collected.

Results: 153 patients were included: 115 females (75.2%), mean age at diagnosis 71.6±8.2 years. Of these, 112 patients (73%) were evaluated conventionally and 41 (27%) with FTA. Patients in the FTA group were older ($P=0.0002$), presented more frequently with polymyalgia rheumatica symptoms, weight loss, jaw or tongue claudication and scalp tenderness ($P<0.05$ for all comparisons). The median duration of follow-up in the FTA group was shorter compared with the conventional group (1.5 vs 5.8 years). PVL occurred in 22 (19.6%) patients in the conventional group compared to 5 patient (12.2%) in the FTA, leading to a reduction of 37.9% in the relative

risk of PVL with the FTA approach. Cumulative incidence of relapses and time to first relapse did not change after FTA introduction ($P>0.05$) (Fig. 1).

Conclusion: The application of a FTA in GCA resulted in a significant reduction of PVL. However, the relapse rate did not seem to be influenced by the FTA, highlighting the need to implement further management strategies, besides earlier diagnosis and prompt initiation of GC, that would impact the course of the disease during long-term follow-up

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SAT0257

IMAGING MANIFESTATIONS OF PULMONARY INVOLVEMENT IN TAKAYASU ARTERITIS

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Background: Takayasu arteritis (TA) is a form of chronic large vessel vasculitis. Recently, we found that some patients had lung manifestations and abnormal computed tomography (CT) results that cannot be explained by other causes. And so far, the prevalence of pulmonary features of TA is uncertain.

Objectives: To investigate the imaging findings of lung involvement in patients with TA by high-resolution CT (HRCT) at a single center of China, and analyze the associations with mortality.

Methods: A retrospective study was carried out of TA patients ($n = 237$, 200 women) who had routine HRCT scanning performed at the time of diagnosis from 2008 to 2018 at Xijing Hospital, Xi'an (China). Radiological manifestations of pulmonary involvement were evaluated from the HRCT images by two experienced radiologists. Patients with a confirmed diagnosis of pulmonary disorder (i.e., infections, tumors, except tuberculosis) have been excluded.

Results: The median age of patients was 33 years (range 18-74), and the duration of disease was 66±55 months. Of all the patients, 57.8% (137/237) had abnormal lung HRCT results. Among them, 29.2% (40/137) of patients had pulmonary arterial involvement, including artery stenosis or occlusion. Mild pulmonary interstitial hyperplasia was the most common abnormal HRCT findings (27.4%, 65/237) observed in TA patients. Moreover, the frequencies of stripe/patchy shadows and nodule were 22.7% (53/237) and 15.6% (37/237), respectively. Pleural effusion was rare in these patients (10/237). Additionally, there are 9 cases of active pulmonary tuberculosis, 14 cases of suspected tuberculosis, and 9 cases of obsolete pulmonary tuberculosis. The common symptoms associated with lung were dyspnea (42%), cough (14%), chest pain (9.1%), and hemoptysis (4.9%). In a Cox regression model, there was no significant correlation between pulmonary involvement and mortality ($P = 0.001$).

Conclusion: Pulmonary abnormalities on HRCT scanning is common among patients with TA. Apart from tuberculosis-related lesions and pulmonary arterial involvement, these manifestations are probably part of non-specific systemic inflammation of TA.

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SAT0258

DRUG RETENTION RATE AND PROGNOSIS AFTER DISCONTINUATION OF INFLIXIMAB IN PATIENTS WITH BEHÇET SYNDROME

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Background: Infliximab (IFX) has become an important treatment option for all manifestations of Behçet syndrome (BS). Adverse events, loss of efficacy, lack of patient compliance and cost may limit its sustained use in patients with BS.

Fig. 1. Time to first relapse in patients with GCA and evaluated with a FTA compared to conventionally approached patients.