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SAT0269 TAKAYASU ARTERITIS AND INFLAMMATORY BOWEL DISEASE. COEXISTENCE AMONG NORWEGIAN PATIENTS

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Background: Takayasu arteritis (TAK) and inflammatory bowel disease (IBD), consisting of ulcerative colitis (UC) and Crohn's disease (CD), are uncommon diseases. The incidence rates of TAK is 22.0/million and IBD 193/million in Norway (1, 2). UC in patients with TAK has previously been reported with a prevalence between 0,21% and 6.4% and may be explained by shared genetic disposition (3). Epidemiological data are mainly based on one Asian study (3), one Canadian study (4) and case reports.
Objectives: We investigated the coexistence of TAK and IBD and compared clinical characteristics between TAK patients with- and without IBD.
Methods: We analysed the prevalence of TAK with IBD in a population-based cohort of patients based on the Norwegian Systemic connective tissue disease and Vasculitis Registry (NOSVAR). The diagnoses of TAK were based on either 1990 ACR classification criteria (5) or the modified Ishikawa diagnostic criteria (6). The distribution of vasculitis was recorded in accordance with the angiographic classification of the 1994 International TAK Conference in Tokyo (7). The diagnoses of IBD were based on gastroenterological investigations and conclusions recorded in hospital charts.
Results: Among 116 patients with TAK, living in Southern part of Norway (2.5 mill inhabitants) 5 patients (4.3%) had IBD, 3 with UC and 2 with CD. All patients had onset of IBD prior to TAK and intestinal involvement of colon (Table 1). Moreover, patients with TAK and IBD were younger at TAK onset than in those without IBD (Table 2).

Table 1. Patients with the combination of Takayasu arteritis (TAK) and Inflammatory bowel disease (IBD); ulcerative colitis (UC) or Crohn's disease (CD)

Patients	IBD	Gender F/M	IBD extension	IBD Age at disease onset (years)	TAK	Vascular complication	Distribution of vasculitis (4)
1	UC	F	Total	12	27	Stenosis and Occlusions	I
2	CD	F	Colon	32	34	Stenosis	V
3	UC	M	Total	11	16	Stenosis and Aneurisms	IIB
4	CD	K	Colon	30	40	Stenosis	I
5	CD	K	Ileocecal+ colon	20	22	Stenosis	IIb

Table 2. Comparison of Takayasu arteritis (TAK) with- and without IBD

	TAB/IBD	TAK/non-IBD	p
Number of patients (n%)	5	111	
Females (n%)	4	90 (94)	
Age at TAK onset (years)	27	39 (17)	0.043
Disease duration (years)	1.1	1.4	0.46
Arterial distribution (n%)			
	I	2	17 (15)
	IIa	0	30 (27)
	IIb	2	16 (14)
	III	0	0
	IV	0	2 (2)
	V	1	29 (26)
Arterial complications* (n%)			
	Stenosis	5	85 (85)
	Occlusions	1	30/110 (27)
	Aneurisms	1/5 (20)	19/132 (14)
	Carotidynia	2	29 (26)
	Myocardial infarction	1	5/106 (5)
	Deceased (n%)	0	23 (16)

*Based on CTA, MRA or PET/CT.

Conclusion: The presence of IBD in Norwegian patients with TAK is higher than expected by chance. This is comparable to previously reported data from Asian patients (3). Strikingly, onset of IBD preceded TAK in all our cases. The patients with IBD were younger at onset of TAK, but vascular distribution and complication rate did not seem to differ between TAK with and without IBD.
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SAT0270 TOCILIZUMAB IN REFRACTORY TAKAYASU ARTERITIS. OPEN-LABEL NATIONAL MULTICENTER STUDY OF 53 PATIENTS OF CLINICAL PRACTICE

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Background: Tocilizumab (TCZ) was recently approved for Takayasu Arteritis (TAK) in Japan based on the results of the TAKT trial **(1).** However, data in clinical practice in Europe and America are scarce **(2).**
Objectives: To assess efficacy and safety of TCZ in TAK of clinical practice in Spain.
Methods: Observational, open-label multicentre study of 53 TAK patients treated with TCZ due to refractoriness or adverse events of previous therapy. Outcomes variables were improvement of clinical features, acute phase reactants and glucocorticoid-sparing effect.
Results: 53 patients (46w/7m); mean age, 40.6±14.6 years at TCZ onset. TCZ was started after a median of 12 [3.0-48.0] months from TAK diagnosis. In addition to systemic corticosteroids and before TCZ they received conventional immunosuppressant drugs (n=42) and biologic therapy (n=14). TCZ was prescribed as standard I.V. (n=42;