Table 1. Investigation outcome summary

Total number of patients who underwent TAB +/- or USS TA for GCA

187 - 13 patients rejected

N = 174

TAB = 111

	USS = 63		
	Of these 15 patients had both USS & TAB		
Positive TAB = 31 (28%)	Negative TAB = 80 (72%)	Positive USS = 24 (38%)	Negative USS = 39 (62%)

Conclusion: Our study, highlights that a probability score for GCA derived from a large multi-centre cohort of patients who were biopsy positive, predicts ultrasound positivity with similar accuracy. Our work reveals that scoring systems are not infallible but can be helpful in guiding clinical decision making

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AB0489

BETA 2 MICROGLOBULIN AS A PROGNOSTIC FACTOR IN CRYOGLOBULINEMIA NON ASSOCIATED WITH HEPATOTROPIC VIRUSES

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Background: Cryoglobulinemia (CG) is a rare phenomenon related to haematological disorders, infections and autoimmune diseases. Age and renal involvement are known prognostic markers.

Objectives: To describe the differential clinical features and the prognostic factors in a cohort of patients diagnosed with CG non-associated with hepatotropic viruses.

Methods: A descriptive, retrospective study of a cohort comprised of 252 cryoglobulin positive samples, obtained from the immunology laboratory database of a tertiary hospital attending 450,000 people over 1 year. 186 patients with CG positive samples were included, 87 of which were not associated with neither hepatitis B nor C virus. Demographic, clinical, serological and

Table 1. Clinical, epidemiological and serical characteristics of patients with CG

Sex, female / male, n (%)	65/22 (74.7/25.3)
Age at diagnosis, years ± SD	60 ± 16
CG subtype, n (%)	
- Type 1, n (%)	27 (30)
- Mixed, n (%)	61 (70)
ASSOCIATED DISEASES	
- pSS, n (%)	37 (42.5)
- LES, n (%)	9 (10.3)
- SSC, n (%)	7 (8.05)
CLINICAL CHARACTERISTICS	
- Skin, n (%)	30 (34.5)
- Purpura, n (%)	14 (16)
- Ulcers, n (%)	5 (5.7)
- Acral ischemia, n (%)	2 (2.3)
- Acrocyanosis by cold, n (%)	7 (8)
- Raynaud, n (%)	19 (21.8)
- Peripheral Neuropathy, n (%)	17 (19.5)
- Non-erosive arthritis, n (%)	29 (33.3)
- Glomerulonephritis, n (%)	10 (11.5)
LABORATORY	
- β2M (>1.8mg/L) mean	3.9
- RCP (mg/L) p50	3.7
- ESR (mm/hour) p50	28
- RF (+>20 UI/mL) p50	124
- Anti Ro52 + /Anti Ro60 + n, (%)	42 (48.3)
- Low C3 n, (%)	48 (55.1)
- Low C4 n, (%)	36 (41.4)

pathological data were collected. Nonparametric variables were compared using a Wilcoxon test.

Results: Out of 186 reviewed patients, 87 (46.7%) are included in this study. The mean age at CG diagnosis was 60 (± 16) years. Mixed CG was the predominant subtype, detected in 66 (75.9%) patients, 10 of which (11.5%) were associated with glomerulonephritis (GN) with compatible biopsy, 17 (19.5%) with peripheral neuropathy (PN), 29 (33.3%) with non-erosive arthritis and 10 (11.5%) with leukocytoclastic vasculitis confirmed by skin biopsy. The clinical, epidemiological and serological characteristics of the sample are summarized in Table 1.

In the comparative analysis of patients with CG and Beta 2 microglobulin (β2M), CG and rheumatoid factor (RF), those with high β2M (>1.8 mg / L) presented significantly more GN (p0.016) and PN (p0.013). However, the association of RF with either GN (p0.948) or PN (p0.645) was not significant. Also, high β2M was significantly related to complement consumption of C4 (p: 0.015) but not of C3 (p: 0.063). In the 30 (34.5%) patients with skin manifestations, high β2M showed no statistically significant association. The main systemic autoimmune diseases associated were primary Sjögren's Syndrome (pSS) 37 (42.5%), Systemic Lupus Erythematosus (SLE) 9 (10.3%) and Systemic Sclerosis (SSc) 7 (8.05%).

Conclusion: A direct association between presence of elevated levels of β2M and the existence of progression to glomerulonephritis and peripheral neuropathy is found in our cohort. No correlation is found between the presence of CG and other serological markers of autoimmunity except low C4. CG with elevated β2M does not associate with greater skin involvement or arthritis.

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AB0490

CIRCULATING REGULATORY T CELLS WERE ABSOLUTELY DECREASED IN TAKAYASU'S ARTERITIS PATIENTS

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Background: Takayasu arteritis (TA) refers to chronic progressive non-specific inflammation that involves the aorta and its main branches, causing stenosis and occlusion of arteries in different parts, and ischemic manifestations in the corresponding parts. A variety of immune dysfunctions are involved in the occurrence and development of TA⁽¹⁾. Recent studies have shown that Th17/Treg imbalance plays an important role in the pathogenesis of Takayasu's arteritis, in which T help 17 cells (Th17) cells are up-regulated in TA patients⁽²⁾. Th17 cells are closely related to Treg cells during differentiation. There are few studies on the expression level of CD4+CD25+FOXP3+T lymphocyte (Treg) cells. This study aims to study the clinical significance of Treg cell expression in peripheral blood of patients with Takayasu's arteritis.

Objectives: To analyze the levels of circulating lymphocyte subsets and serum cytokines in patients with takayasu arteritis (TA), and explore the relationship between their changes and TA disease activity.

Methods: A total of 46 TA patients and 43 gender-age-matched healthy controls were enrolled. According to the NIH standard, 30 patients were in active disease. Flow cytometry was used to detect the absolute numbers and ratios of Th1, Th2, Th17 and Treg cells in peripheral blood of all subjects. Magnetic bead-based multiplex immunoassay was used to detect cytokines and statistical analysis was performed.

Results: Compared with the healthy controls, the absolute number and proportion of peripheral Treg cells of TA patients significantly decreased while those of Th17 cells increased significantly, leading to the increased ratio of Th17 / Treg. Compared with the inactive group, the TA active group had significantly increased IL-6 and TNF-α, and there was no significant difference in the expression of Th17 cells and Treg cells.

Conclusion: In peripheral blood of TA patients, Treg cells decreased, while Th17 cells increased as compared with healthy controls, leading to an imbalance between Th17 and Treg cells. The levels of IL-6 and TNF-α were related to disease activity.

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