**AB0491**

**ELEVATED COMPLEMENT 3 INDICATES DISEASE ACTIVITY IN TAKAYASU ARTERITIS**

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**Background:** The disease activity evaluation of Takayasu arteritis (TA) is a critical issue for disease monitoring and treatment. But the previous markers such as Kerr score or ITAS 2010 are not convenient enough.

**Objectives:** We aim to explore novel biomarkers to assess TA disease activity.

**Methods:** This cross-sectional study was based on the East China TA (ECTA) cohort. Demographic characteristics, clinical features, laboratory and imaging results were collected. Complements and their combination with other biomarkers in identifying active disease (Kerr > 2) were grouped. Internal and external validation were employed to confirm the accuracy and stability of the results.

**Results:** 519 patients were enrolled, among which 406 cases (72.2%) were identified as active disease. Higher ESR, CRP, platelet, globulin, IgG, IL-6, complement 3 (C3), complement 4 (C4) and median haemolytic complement (CH50) levels were observed in the active disease group. Logistic regression analysis demonstrated that C3 levels [odd ratio (OR) (95%CI): 10.701(1.825 – 62.835), P = 0.009] and CRP [OR (95%CI): 1.041(1.009 – 1.073), P = 0.011] were independently associated with active disease.

**Conclusion:** C3 could reflect the disease activity of TA, and combining CRP with C3 could significantly improve the disease activity evaluation in TA.

**References:**

**Disclosure of Interests:** None declared

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**INTESTINAL MICROBIOTA COMPOSITION OF PATIENT’S WITH BEHÇET’S DISEASE: DIFFERENCES BETWEEN EYE, MUCOCUTANEOUS AND VASCULAR INVOLVEMENT (RHEUMA-BIOTA STUDY)**


**Background:** Recently, it has been shown that changes in microbiota composition play a role in the etiology and pathogenesis of chronic diseases. Changes in oral and intestinal microbiota diversity and composition are suggested in Behcet disease (BD), however there are no study available about the potential gut microbiota changes among different clinical forms of BD.

**Objectives:** The aim of this study was to evaluate the intestinal microbiota composition of patient with BD and healthy controls, and also compare BD patients regarding to their eye, mucocutaneous and vascular involvement.

**Methods:** In this prospective cohort study, 27 patients diagnosed with BD and 10 aged and sex matched healthy controls were included. Patients with a body mass index> 35, who have used antibiotics or probiotics in the last 4 weeks, patients with chronic gastrointestinal or other systemic diseases, and those with acute / severe gastrointestinal symptoms requiring medical treatment were excluded.

**Results:** There was no difference between the BD group and the control group in terms of alpha (Chao-1 and Shannon) and beta (Bray-Curtis) microbiota diversity indices (p> 0.05). Actinomyces, Libanococcus, Collinsella, Eggerthella, Enterobacterobas, Catenibacterium and Enterobacter were significantly higher in BD group compared to the