Conclusion: Clinical picture of CV, as well as the main immunological parameters, are similar in patients with associated pSS and HCV. Immunochromatographic study of serum and urine proteins is required to determine the type of cryoglobulinemia. SS is not rare in HCV-CV, so appropriate examination with ANA, aRo/La detection is mandatory. Patients with mixed monoclonal cryoglobulinemia had increased risk of hematological malignancies.

References:

Disclosure of Interests: None declared

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AB0520
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Background: ANCA-associated vasculitides (AAV) are a group of systemic vasculitides carrying a high risk of hospitalization because the multiorgan involvement, the acute nature of some clinical manifestations, the chronic but very disabling course of some other manifestations and finally the risk of severe infections due to chronic glucocorticoid and immunosuppressor administration. However, data on hospitalization due to ANCA-associated vasculitides are still scarce.

Objectives: to estimate the rate of the first hospitalization or the death in patients suffering from AAV in the Italian region of Friuli Venezia Giulia (about 1,200,000 inhabitants) from year 2013 to 2017.

Methods: Integration of the information coming from many administrative databases was used to this end. The Regional Health Information System of Friuli Venezia Giulia was used as the source of information for this retrospective cohort study. The system covers the entire regional population and includes various electronic health administrative databases that can be linked with one another on an individual basis through a unique encrypted identifier. In particular, the following databases were matched: the database of the regional potential health care beneficiaries (including demographic information and the residential history of all of the subjects living in the region), the hospital discharge database, the database of exemptions from medical charges were used for this study, the database of the different regional laboratories. The population under study was selected based on the following inclusion criteria: patients were residents in Friuli Venezia Giulia and they had to carry the exemption code for AAV, including Granulomatosis with Polyangiitis (GPA), or Eosinophilic Granulomatosis with Polyangiitis (EGPA) or Microscopic Polyangiitis (MPA). This population was observed from year 2013 to 2017. The coded event was the occurrence of the first hospitalization or the death. Also, all the hospitalization and their main discharge diagnoses were registered.

Results: 103 patient with AAV were identified. The number of patients with at least one hospitalization/death was 74/103 (71.8%). Seven patients died during the observation period (6.6%). The whole number of hospitalizations was 285 in

AB0519
PULMONARY INVOLVEMENT IN ANCA ASSOCIATED VASCULITIS (AAV) ACCORDING TO ANTIGENIC SPECIFICITY: A RETROSPECTIVE ARGENTINE COHORT
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Background: The lung in ANCA associated vasculitis (AAV) is one of the most frequently compromised organs (20–80%). The clinical features of pulmonary involvement vary according to the type of vasculitis and some studies have shown its association with the ANCA subtype or antigenic specificity (MPO, PR3). (PR3-ANCA).

Objectives: A-Describe the clinical features and tomographic findings of pulmonary involvement in vasculitis associated with ANCA and its association according to the ANCA subtypes.

B-Evaluate outcome, relapses and associated mortality.

Methods: Observational, analytical, retrospective study. Data was collected from the medical records and tomographic image files of patients evaluated in rheumatology department in a tertiary level hospital (2007–2019). Patients diagnosed with AAV, who met criteria for ACR 1990 classification or the medical records and tomographic image files of patient evaluated in rheumatology department in a tertiary level hospital (2007-2019). Observational, analytical, retrospective study. Data was collected from the medical records and tomographic image files of patients evaluated in rheumatology department in a tertiary level hospital (2007-2019).

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The lung in ANCA associated vasculitis (AAV) is one of the most frequently compromised organs (20–80%). The clinical features of pulmonary involvement vary according to the type of vasculitis and some studies have shown its association with the ANCA subtype or antigenic specificity (MPO, PR3). (PR3-ANCA).
GENDER DIFFERENCES IN GIANT CELLS ARTERITIS: ANALYSIS OF A MONOCENTRIC COHORT OF 100 PATIENTS.

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Background: Giant Cells Arteritis (GCA) is the most common primary vasculitis in adults and usually occurs in patients older than 50 years. Epidemiological studies showed a higher prevalence of the disease in women compared to men. However, differences in clinical presentation between men and women have not been demonstrated, even if some distinctions have been suggested (1,2).

Objectives: The purpose of the present study is to analyze differences in the clinical presentation of GCA according to sex.

Methods: We collected retrospectively clinical data of a monocentric cohort of 100 consecutive GCA patients. Mann Whitney test was used to compare continuous variables, while Chi-square test and Fisher’s exact test were applied for comparison between qualitative variables.

Results: One-hundred patients with a clinical diagnosis of GCA were enrolled in the study (68 women, 32 men). In all patients the diagnosis of vasculitis was histologically and/or radiologically confirmed. Main clinical data are reported in the table.

Patients were classified according to vascular involvement in three groups: temporal arteritis (C-GCA), extracranial large vessel vasculitis (LV-GCA) and both cranial and extracranial vasculitis (LV-C-GCA). No significant differences in vascular distribution of the disease were found according to sex, even if large vessel involvement seems to be more frequent in women (43% vs 28%; p: ns).

Male and female patients presented at diagnosis a similar clinical picture, with the same frequency of systemic symptoms (fever, fatigue, weight loss), polyarthralgia, rheumatic, visual symptoms and claudication. However, male patients complained more often temporal headache (90% vs 71%, p: 0.01), even no significant differences were found in the incidence of pathological findings at temporal artery physical examination (38% vs 32%; p: ns) and biopsy (59% vs 50%). On the contrary, in female patients a longer time to diagnosis was recorded (8 (2-49 vs 4 (6-35) months; p: 0.01).

Conclusion: In our cohort of GCA patients, clinical presentation was similar in male and female patients, with no significant differences in clinical, radiological and laboratory findings. However, male patients presented more often temporal headache, the most typical symptom of GCA, and this could explain a shorter time to diagnosis, if compared to female.

References: