74 patients. 55/74 (74.3%) patients experienced more than one hospitalization. In the majority of the hospitalizations (119/285, 41.7%), the cause of hospitalization was directly attributable to the disease itself, while the second cause of hospitalization was the infections (26/285, 9.1%). In 10/103 patients (9.7%), an end stage renal disease was recorded as event. The presence of at least one positivity for ANCA antibodies was documented in 76/103 patients (73.8%), mainly in patients carrying GPA. Globally, the presence of ANCA antibody seems to be associated with greater likelihood of an event (p=0.07, log-rank test). The first event occurred in 50% of ANCA-positive patients within 180 days from diagnosis, while in 50% of ANCA-negative patients in 859 days. 8 out of the 7 deaths occurred in ANCA-positive patients.

**Conclusion:** the rate of hospitalization in AAV is very high confirming the high health care burden of illness. The disease itself is often the cause of the hospitalization, as well as the infectious complication, highlighting the need for more effective treatments, and glucocorticoid sparing therapies. ANCA antibody may represent a biomarker of a more serious disease.

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**AB0522**

GENDER DIFFERENCES IN GIANT CELLS ARTERITIS: ANALYSIS OF A MONOCENTRIC COHORT OF 100 PATIENTS.

F. Regoci1, A. Tincani1, F. Franceschini1, P. Toniat1, 1ASST Spedali Civili and University of Brescia, Rheumatology and Clinical Immunology Unit, Brescia, Italy

**Background:** Giant Cells Arteritis (GCA) is the most common primary vasculitis in adults and usually occurs in patients older than 50 years. Epidemiological studies shown a higher prevalence of the disease in women compared to man. 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.

**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:**

Background: A possible shared immunopathogenesis between Spondyloarthritis (SpA) and Takayasu Arteritis (TA) has been hypothesized and some clinical cases about SpA in TA patients have been reported (1). In clinical practice the diagnosis of sacroiliitis may be performed by X-ray, Computed Tomography (CT) or Magnetic Resonance Imaging (MRI). In particular, CT findings of sacroiliitis include contour irregularities, joint space alterations, joint erosion, subcondral bone changes (osteoporosis or sclerosis), enthesitis, ankylosis.

Methods: We collected retrospectively imaging data from FDG-PET/CT scans of 28 TA patients and 28 controls, matched for sex and age. Controls were selected among patients performing FDG-PET/CT in our Nuclear Medicine Unit, excluding patients with bone tumors, bone metastasis and thyroid cancers. The majority of controls were affected by lymphoma in complete remission. An expert rheumatologist read the CT-scans of sacroiliac joints.

Results: No patients or controls demonstrated FDG-uptake in sacroiliac joints. In the control group we detected sacroiliac sclerosis in two cases: one due to arthritis and one due to lymphoma. Among patients with TA we detected sacroiliitis in 7 cases (25%) with an overall prevalence of 2.6% (95% CI 0.9-5.2%). A positive result was found in 32.1% (10/31) of the TA patients including 6/23 (26.1%) with GPA and 4/8 (50%) with MPA. We detected FDG-uptake in the sacroiliac joints in 10/28 TA patients (35.7%). Only one patient reported an improvement of symptoms.

Conclusion: In our cohort of TA patients we demonstrated an increased prevalence of sacroiliitis, diagnosed by CT scan. Only one patient reported an improvement of symptoms. We detected FDG-uptake in the sacroiliac joints in 10/28 TA patients (35.7%). Only one patient reported an improvement of symptoms.

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References:

21 (61.7%) patients received cyclophosphamide and 3 (8.8%) patients received rituximab as induction treatment. Azathioprine was the most commonly used maintenance treatment (41.1%). 16 (47%) patients had renal involvement. An improvement in proteinuria was observed, both in GPA (p=0.008) and in MPA (p=0.03) (Renal outcomes in Table 2). No patient received kidney transplant.

TABLE 1. INITIAL CLINICAL MANIFESTATIONS

<table>
<thead>
<tr>
<th>ALL THE PATIENTS (n=34)</th>
<th>GPA (n=14)</th>
<th>MPA (n=10)</th>
<th>EGP (n=10)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otolaryngological involvement</td>
<td>13 (92.9%)</td>
<td>6 (21.4%)</td>
<td>7 (70%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Intestinal disease</td>
<td>5 (14.7%)</td>
<td>4 (28.5%)</td>
<td>1 (10%)</td>
<td></td>
</tr>
<tr>
<td>Renal involvement</td>
<td>0.027</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Renal-penuny syndrome</td>
<td>6 (17.6%)</td>
<td>3 (21.4%)</td>
<td>2 (20%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>- Renal Involvement</td>
<td>10 (29.4%)</td>
<td>3 (21.4%)</td>
<td>6 (60%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>- glomerulonephritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Basal proteinuria &gt;1 gr/24 hs</td>
<td>13 (38.2%)</td>
<td>4 (28.5%)</td>
<td>7 (70%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Alveolar pulmonary hemorrhage not associated with renal involvement</td>
<td>2 (5.8%)</td>
<td>0</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Manifestations Peripheral Nervous System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>3 (8.8%)</td>
<td>0</td>
<td>3 (30%)</td>
<td></td>
</tr>
<tr>
<td>Eye involvement (scleritis/conjunctivitis/ keratitis/uveitis)</td>
<td>6 (17.6%)</td>
<td>6 (42.8%)</td>
<td>0</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Interestingly, 5 patients (14.7%), all of them MPA, presented interstitial lung disease (ILD), 3 of them (60%) prior to systemic involvement (9, 10 and 82 months). 3 patients had an usual interstitial pneumonitis (UIP) pattern, none had a non-specific interstitial pneumonia (NSIP) pattern and two had other patterns.

15 patients had 17 relapses. Five (14.7%) patients had serious infections. Eight (23.5%) patients died: 4 due to progression of ILD, 2 due to vasculitis manifestations.

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Background: ANCA-associated vasculitis (AVV) are a heterogeneous group of systemic diseases that needs a better knowledge and approach due to the high mortality it presents.

Objectives: Describe the clinical characteristics of patients with AVV assessed by the Rheumatology services in two university hospitals in Gran Canaria in the last decade, as well as clinical differences between the AVV subtypes.

Methods: Characteristics of 34 patients diagnosed with AVV between January 2011 - December 2018 were collected retrospectively. The patients met ACR classification criteria and consensus criteria from Chapel Hill-2012. Variables are compared using the Mann Whitney U test for dichotomous variables or the t-Student test for continuous variables. For non-continuous variable, Mann-Whitney U or a logarithmic transformation was used.

Results: 21 (61.7%) patients were women. We found 14 granulomatosis with polyangiitis (GPA 41.2%), 10 microscopic polyangiitis (MPA) and 10 eosinophilic granulomatosis with polyangiitis (EGP) (29.4%). They presented an average follow-up time (±SD) of 46.3 months (±26.8). Patients with MPA presented an older age at diagnosis and a higher proportion were diagnosed with age ≥ 65 years (p = 0.003).

The mean (±SD) of the BVAS index of activity at diagnosis was 15.7 (± 7.9). 80.5% of the patients presented positivity against ANCA: 34.4% c-ANCA and 65.5% (Clinical manifestations in Table 1).

Background: Big data refers to large amounts of information. With today’s ever-improving technologies created by the automation and digitization, it becomes easier to convert data into relevant information, which can be used to provide better patient management, especially when it occurs a rare condition such as cryoglobulinemia (CRG). CRG is due to an immunoglobulins (lg) that precipitate at low temperatures. There are 3 types of CRG: type I: monoclonal lg; type II: monoclonal lg + polyclonal lg; type III: 2 polyclonal lg.

Disclosure of Interests: None declared

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