AB0541

IMPROVED SURVIVAL IN PATIENTS WITH GIANT CELL ARTERITIS: A POPULATION-BASED COHORT STUDY

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Background: In previous studies patients with giant cell arteritis (GCA) have had survival rates that are dilution and/or dissection, 6 cases had arterial stenosis or occlusion. When major arterial involvement was found, the AAV of the patients were mostly active, with an average of 19 points for BVAS vasculitis activity and 1 for FFS score. 6 cases had lung involvement (67%), 6 cases had kidney involvement (67%), 4 cases had ENT involvement (44%), 3 cases had nervous system involvement (33%), and 1 case had gastrointestinal involvement (11%). All patients were treated by steroid and immunosuppressant, while 1 case received the operation of ascending aorta and aortic arch replacement.

Conclusion: Mainly involved in small blood vessel inflammation, AAV may also have aorta involvement, which was more common in patients who had active disease and need more positive treatment. The affected aorta areas of these patients were mainly ascending aorta, aortic arch, and head and arm trunk, which can be manifested as aneurysms, dissections, and arterial stenosis Pararteritis, etc. If necessary, surgically treatment of the affected aorta could be considered when the situation of AAV was stable enough.

Objectives: To summarize the clinical characteristics of aortic involvement in patients with ANCA-associated vasculitides (AAV).

Methods: The clinical manifestations, systemic involvement, laboratory examination, imaging characteristics and treatment of aortic involvement in AAV patients admitted to Peking Union Medical College Hospital from January 2013 to December 2018 were retrospectively analyzed.

Results: Nine patients were enrolled in our study. The ratio of male to female was 2:1 and the median age was 47 years old. Of the 9 patients, 4 were GPA (44%), 4 were MPA (44%) and 1 was EGPA (11%). The aorta is involved in an average of 3 locations per case, mainly in 7 locations: 3 ascending aorta and aortic arch, 4 in the head and arm trunk (including carotid and subclavian artery), 2 in the abdominal aorta, and 1 in the abdominal cavity. There were 2 cases of renal artery, 1 case involving brachial radial artery, 2 cases of iliac artery and lower limb artery, and 1 case involving left main coronary artery, anterior descending branch, circumflex branch, and right coronary artery. Aortic lesions: 3 cases had aorta involvement, and/or dissection, 6 cases had arterial stenosis or occlusion and 3 cases had periarteritis. When major arterial involvement was found, the AAV of the patients were mostly active, with an average of 19 points for BVAS vasculitis activity and 1 for FFS score. 6 cases had lung involvement (67%), 6 cases had kidney involvement (67%), 4 cases had ENT involvement (44%), 3 cases had nervous system involvement (33%), and 1 case had gastrointestinal involvement (11%). All patients were treated by steroid and immunosuppressant, while 1 case received the operation of ascending aorta and aortic arch replacement.

Conclusion: Mainly involved in small blood vessel inflammation, AAV may also have aorta involvement, which was more common in patients who had active disease and need more positive treatment. The affected aorta areas of these patients were mainly ascending aorta, aortic arch, and head and arm trunk, which can be manifested as aneurysms, dissections, and arterial stenosis Pararteritis, etc. If necessary, surgically treatment of the affected aorta could be considered when the situation of AAV was stable enough.

References:


Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2616

AB0542

REACTIONS TO PNEUMOCOCCAL 13-VALENT VACCINE IN PATIENTS WITH BEHÇET SYNDROME

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Background: The European League Against Rheumatism (EULAR) recommends pneumococcal 13-valent (PCV13) and 23-valent vaccines in patients with rheumatic diseases (1). Adverse reactions to 23-valent pneumococcal vaccine were previously reported in patients with Behçet Syndrome (BS) (2). These were proposed to be associated with the pathergy phenomenon which may be observed in patients with BS.

Methods: We assembled a population-based incidence cohort of patients with GCA diagnosed over a 60-year period, the survival of patients diagnosed in recent years was significantly better than that of the general population. The explanation for this novel finding is unclear, but likely to be multifactorial. In this study the number of deaths due to neoplasms in the GCA group was significantly lower.

References:


Acknowledgments: This study was made possible using the resources of the Rochester Epidemiology Project, which is supported by the National Institute on Aging of the National Institutes of Health (NIH) under Award Number R01 AG034676, and CTSA Grant Number UL1 TR000135 from the National Center for Advancing Translational Sciences (NCATS), a component of the NIH. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

Disclosure of Interests: Thomas Garvey: None declared, Cynthia S. Crow- son Grant/research support from: Pfizer research grant, Matthew Koster: None declared, Eric Matteson Grant/research support from: Pfizer Consultant of: Boehringer Ingelheim, Gilead, TympoBio, Arena Pharmaceuticals, Speakers bureau: Simply Speaking, Kenneth J Warrington: None declared

DOI: 10.1136/annrheumdis-2020-eular.230
Objectives: To determine the frequency of adverse reactions to PCV13 in patients with BS who were candidates for TNF inhibitor treatment, together with anti-kylosis spondyloitis (AS) and rheumatoid arthritis (RA) patients as controls.

Methods: All of our patients who are candidates for TNF inhibitor therapy have been offered vaccination with PCV13 since 2016. We surveyed all patients with BS, AS and RA who were vaccinated with PCV13 in our infectious diseases outpatient clinic since 2016. Patients’ charts were reviewed and additionally patients were telephoned to identify any adverse local or systemic reactions. Local reactions were defined as redness, swelling, pain, and limitation of arm movement. Systemic reactions were defined as fever, headache, chills, rash, vomiting, joint pain, and muscle pain.

Results: A total of 88 patients with BS, 143 patients with AS and 133 patients with RA had been vaccinated in our infectious diseases outpatient clinic. Among these, 55/88 (62%) patients with BS, 86/143 (60%) patients with AS and all 98/143 (68%) patients with RA could be contacted. Twenty-five of 53 (48%) patients with BS, 18/86 (20%) patients with AS and 27/98 (27%) patients with RA reported at least one local and/or systemic reaction after vaccination. Patients with BS reported more systemic reactions than the other two groups (48%, 12%, 23% respectively). On the other hand local reactions were less common among patients with BS (52%, 88%, 77% respectively). The local reactions were confined to erythema at injection site, pain and difficulty in moving among patients with AS and RA while 2 patients with BS had severe papulopustular skin lesions at injection site, in addition to erythema, pain and difficulty in moving. Both of these patients were pathergy positive at the time of the diagnosis.

Conclusion: Severe papulopustular skin lesions at PCV13 injection site were observed only, but rarely, in patients with BS. Possibility of recall bias due to the retrospective nature of our study and the lack of other vaccines as controls are limitations of our study. Whether the skin lesions are caused by the skin pathergy reaction needs to be studied prospectively, as the pathergy status at diagnosis may be changed by the time these patients become candidates for TNF inhibitor treatment.

References:


Disclosure of Interests: Bena Yurttas: None declared, Sitka Safa Tafkan: None declared, Nese Sattoglu: None declared, Gulen Hatem Grani/research support from: BMS, Celgene Corporation, Silk Road Therapeutics – grant/research support from: Bayer, Eli Lilly – consultant, Speakers bureau: Abbvie, Mustafa Nevzat, Novartis, UCBS – speaker
DOI: 10.1136/annrheumdis-2020-eular.5509

Scleroderm, myositis and related syndromes_