LVV, whereas in 24/49(48%) patients with already diagnosed but active LVV

disease.

Results: Baseline PET was positive in 21 patients(42.9%); According to ASNC

recommendations, 19 patients (38.8%) presented a LVG=3, 2 (4.0%) a LVG=2,

6 (12.2%) LVG=1 and 22 (44.9%) LVG=0. Patients performing PET at disease

onset(75%) had higher LVG score than patients performing PET during the dis-

ease course (25%); p<0.002. At T0, aortic, carotid, axillary and subclavian SUV

did not correlate with inflammatory markers.

Follow up PET/CT studies were performed in 92 patients, 13 (40.6%) with a

clinically active disease despite therapy, while 19 (59.4%) in clinical remission ...


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THU0307

RESPONSE OF BEHÇET’S REFRACTORY ORAL

AND/OR GENITAL ULCERS TO APRIMELAST IN

COMBINATION VS MONOTHERAPY. NATIONAL

MULTICENTER STUDY OF 51 CASES OF CLINICAL

PRACTICE

A. Herrero Morant1, B. Atienza Mateo2, J. Lorica3, V. Calvo del Rio4, J.

L. Martín-Varillas1, J. Graña2, G. Espinosa4, M. Morena4, P. Sivera8, J.

Calvo9, I. De la Morena10, L. Martín-Varillas1, J. Graña2, G. Espinosa3,

C. Moriana4, T. Pérez Sandoval4, H. Bierzo, Rheumatology, León, Spain

1M. General Universitario de Elda, Rheumatology, Elda, Spain; 2Hospital Universitario

Araba, Rheumatology, Vitoria, Spain; 3H. Universitario General de Valencia,

Rheumatology, Valencia, Spain; 4H. Universitario La Fe, Rheumatology, Valencia,

Spain; 5H. Príncipe de Asturias, Rheumatology, Alcalá de Henares, Spain;

6H. Universitarios Germans Trias i Pujol, Rheumatology, Badalona, Spain;

7H. Bellvitge, Rheumatology and Dermatology, Barcelona, Spain; 8H. Clínico Universitario de Salamanca, Rheumatology, Salamanca, Spain; 9H. Complejo Hospitalario Universitario

de Pontevedra, Rheumatology, Pontevedra, Spain; 10H. Clínico Universitario de Valencia, Rheumatology, Valencia, Spain; 11H. Doctor Negre, Rheumatology, Las Palmas de Gran Canaria, Spain

Background: Aprimelast (APR) has demonstrated efficacy in the treatment of

oral and/or genital aphthous ulcers in Behçet’s disease (BD). Combination of

APR to other disease-modifying anti-rheumatic drugs (DMARDs) has not been

assessed.

Objectives: To compare the efficacy and safety of APR in monotherapy or com-

bined with DMARDs in refractory BD.

Methods: National multicenter open-label study on 51 BD patients with oral and/

or genital aphthous ulcer(s) refractory to standard treatment.

Results: We included 51 patients (35 women/16 men), mean age 44.7±13.2 years. Before APR, all patients had received several systemic conven-

tional drugs. The main clinical symptoms for starting APR were oral (n=19) and

genital (2) aphthous ulcers or both (30).

Excluding corticosteroids, colchicine or NSAIDs, APR was given at standard
dose of 30mg/week twice daily in monotherapy (n=31), or combined with conven-
tional DMARDs in 16 cases (6 azathioprine, 5 methotrexate, 4 hydroxychloroquine,

4 sulfasalazine, 1 dapsona) and with biologic DMARDs in 4 (2 tocilizumab, 1 adal-
imubab, 1 infliximab). There were not found statistically significant differences in
demographic features, previous therapy, clinical manifestations or reported adverse
effects. After a median follow-up of 6 (3–12) months, most of the patients experienced

improvement of the orogenital ulcers in both groups (89.8% in the first 2 weeks),

improvement of genital ulcers in 24/49 (49.0%) of the patients in the first week.

Further analysis was necessary to evaluate the role of PET/CT in driving therapeutic strategies.

Conclusion: The use of ASNC recommendations for FDG PET/CT in LVV en-
ables to confirm a metabolically active disease in 40% of patients and in 75%
of patients at disease onset, suggesting that post-poxing the exam could lead to
underestimate the real extension of disease. Our data, even if limited, suggest that
PET/CT could be crucial in management of patients in clinical remission,
detecting patients with still metabolically active LVV. Further prospective studies are
necessary to evaluate the role of PET/CT in driving therapeutic strategies.

Disclosure of Interests: Alessandro Giordano: None declared, Elisa Gremese Speakers bureau: Abbvie, Pfizer, Novartis, Pfizer, Sandoz, UCB

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THU0308

COMPARISON OF CHILDHOOD-ONSET VERSUS

ADULT-ONSET TAKAYASU ARTERITIS: A STUDY OF

141 PATIENTS FROM TURKEY

M. Karabacak1, S. Kaymaz Tahra1, S. Sahin2, M. Yildiz2, A. Adrovic2, K. Barut2,

M. Direskeneli3, O. Kasapcoglu4, F. Albaz-Onen1, 1Marmara University Faculty

of Medicine, Rheumatology, Istanbul, Turkey; 2Cerrahpasa Medical School, Istanbul

University-Cerrahpasa, Pediatric Rheumatology, Istanbul, Turkey

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