were performed every 6 months for a median of 40 months. Disease outcomes were: prednisone (PDN) use and its cumulative dosage, need of methotrexate (MTX), number of relapses, patients' death, and PMR disease activity score (PMR-DAS). The independent variables were age, sex, disease duration, fever, C-reactive protein (CRP) concentration, platelet count (PLT), presence of cranial GCA, degree of joint and vascular uptake of FDG, and presence of LVV. The predictive role of LVV was tested by multiple regression.

Results: LVV was seen in 47 patients (49 %), 31 with PMR, 6 with GCA and 10 with both diseases. Patients with or without LVV did not significantly differ in terms of demographic and laboratory parameters except for a non-significant higher number of PLT in patients with LVV. Clinical and laboratory parameters at V_0 , stratified per disease and considered together, did not significantly change between PET+ and PET- patients (table 1). Lastly, none of the independent variables, including LVV, could predict disease outcomes.

Conclusion: The presence of a PET-detected LVV at diagnosis does not seem a negative prognostic factor in PMR and GCA. As a consequence, routine investigation by PET/CT of patients with PMR and GCA is not indicated to predict disease outcome.

REFERENCES:

- [1] Dejaco C, Duftner C, Buttgerit F, Matteson EL, Dasgupta B. The spectrum of giant cell arteritis and polymyalgia rheumatica: revisiting the concept of the disease. *Rheumatology* (Oxford). 2017 Apr 1;56(4):506-515. doi: 10.1093/rheumatology/kew273. PMID: 27481272.
- [2] Blockmans D, Coudyzer W, Vanderschueren S, Stroobants S, Loeckx D, Heye S et al. Relationship between fluorodeoxyglucose uptake in the large vessels and late aortic diameter in giant cell arteritis. *Rheumatology* (Oxford). 2008 Aug;47(8):1179-84. doi: 10.1093/rheumatology/ken119. Epub 2008 May 31. PMID: 18515868.

Table 1. Clinical, laboratory and imaging features between PET+ and PET- patients at V_0

Features at V_0	PET+ patients	PET- patients	p
Morning stiffness (min)	30 (0-480)	60 (0-360)	0.20
Haemoglobin (g/dL)	12.3±1.5	12.6±1.5	0.28
Platelets (x 10 ⁹ /mm ³)	349 (108-643)	297(159-571)	0.08
C-reactive protein (mg/dL)	35.5 (3.4-149)	36.2 (2-149)	0.54
Erythrocyte sedimentation rate (mm/h)	62.5 (10-120)	57.5 (10-120)	0.29
Total Vascular Score at PET	20 (4-41)	6 (0-12)	0
Total Joint Score at PET	18 (5-30)	18 (5-32)	0.77

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AB0355

THE VALUE OF PLATELET-TO-LYMPHOCYTE AND NEUTROPHIL-TO-LYMPHOCYTE RATIOS AS INFLAMMATORY MARKERS IN BIOPSY-PROVEN GIANT CELL ARTERITIS

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Background: Platelet-to-lymphocyte ratio (PLR) and neutrophil-to-lymphocyte ratio (NLR) have been shown to correlate with disease activity in various rheumatic diseases. High PLR and elevated platelet count are potentially useful in diagnosing some systemic vasculitides, eg. giant cell arteritis (GCA)¹ and has been suggested predictive for diagnosing GCA, even in the absence of characteristic temporal artery involvement².

Objectives: To evaluate the role of PLR and NLR as inflammatory markers in the diagnosis of GCA in patients referred to temporal artery biopsy (TAB).

Methods: During 10 months, all patients referred to TAB at the Department of Ophthalmology (Rigshospitalet, Copenhagen, Denmark) in suspected GCA were included. Immediately prior to TAB, ultrasound of bilateral temporal arteries was performed at the Center for Rheumatology and Spine Disease (Rigshospitalet, Copenhagen, Denmark) by rheumatologists experienced in vascular ultrasound. Ultrasound signs of GCA were a positive Halo sign or compression sign. Patients had C-reactive protein (CRP), erythrocyte sedimentation ratio (ESR), platelets, white blood cells with differential counts, hemoglobin and platelets measured. Final clinical diagnosis, based on rheumatological expert opinion, and fulfilment of ACR1990 classification criteria for temporal arteritis at six months was noted, with clinical diagnosis being the reference standard.

Results: 106 patients were included and had a TAB evaluated. Forty-five (42%) had a clinical diagnosis of GCA at 6 months of which 28 (62%) also were TAB positive. US was performed in 74 (70%), of these 20 (67%) of the GCA patients had a positive ultrasound for GCA (termed US GCA patients). There was no significant difference in mean age or gender distribution between GCA and non-GCA patients. ESR, CRP and platelets were significantly higher in GCA than non-GCA patients ($p < 0.001$). PLR was significantly higher in GCA than non-GCA patients ($p < 0.007$), while NLR was not ($p = 0.076$). For US GCA patients vs. US non-GCA patients, platelets were significantly higher in the US GCA group ($p = 0.025$). Both PLR and NLR were significantly higher in the US GCA group compared to the US non-GCA group ($p = 0.003$ and $p = 0.007$, respectively).

Conclusion: In this cohort of patients, suspected of GCA and referred to TAB, PLR but not NLR was significantly higher in GCA patients than in non-GCA patients. In patients with US findings of GCA, both PLR and NLR were significantly higher in GCA compared to non-GCA. An elevated PLR could be considered an additional feature in diagnosing GCA.

REFERENCES:

- [1] El-Dairi MA et al.: *J Neuroophthalmol* 2015;35:246-53
- [2] Bornstein G et al.: *Clin Rheumatol* 2018;37:2819-2

	GCA (n=45)	Non-GCA (n=61)	P-value
Age (years)	73.6 (7.5)	72.6 (10.4)	0.575
Females, n (%)	34 (76)	38 (62)	0.148
Fulfilling ACR1990 criteria, n (%)	36 (80)	16 (26)	<0.001
TAB positive for GCA, n (%)	28 (62)	0 (0)	<0.001
Ultrasound positive for GCA*, n (%)	20 (67)	9 (20)	<0.001
Sedimentation rate (mm/hr)	58 (30)	33 (31)	<0.001
Haemoglobin (mmol/L)	7.68 (0.92)	7.96 (1.05)	0.154
CRP (mg/L), median (IQR)	38 (15-92)	8 (2-40)	<0.001
White blood cells (10 ⁹ /L)	9.54 (3.18)	8.99 (3.63)	0.407
Lymphocytes (10 ⁹ /L)	1.72 (0.78)	1.87 (0.93)	0.367
Monocytes (10 ⁹ /L)	0.71 (0.37)	0.77 (0.41)	0.441
Neutrophils (10 ⁹ /L)	6.85 (2.94)	6.01 (3.02)	0.157
Basophils (10 ⁹ /L)	0.05 (0.04)	0.05 (0.05)	0.464
Eosinophils (10 ⁹ /L)	0.15 (0.14)	0.18 (0.21)	0.410
Platelets (10 ⁹ /L)	400 (154)	289 (111)	<0.001
Neutrophil-to-lymphocyte ratio	4.91 (3.22)	3.87 (2.52)	0.076
Platelet-to-lymphocyte ratio	287 (189)	193 (147)	0.007

Values are mean and standard deviation unless noted. Comparison between groups by independent samples t-test (continuous variables), χ^2 -test (categorical variables) and Mann-Whitney for CRP (not normal distributed continuous variable). ACR=American College of Rheumatology; CRP=C-reactive protein; GCA=giant cell arteritis; IQR=interquartile range; n=number; SD=standard deviation; TAB=temporal artery biopsy*Ultrasound not done in 32 patients (15 with GCA and 17 without)

Disclosure of Interests: None declared

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AB0356

VENOUS INVOLVEMENT IN BEHÇET'S DISEASE

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Background: Behçet's disease (BD) is a vasculitic multisystem inflammatory disorder. It may also involve the skin, mucosa, eyes, blood vessels, joints, gastrointestinal system, and central nervous system.

Objectives: In this study, we aimed to present venous involvement data in patients followed up with a diagnosis of BD.

Methods: The clinical, demographic, laboratory and medication data of 394 patients who were followed up with a diagnosis of BD in our