When all patients evaluated in terms of renal findings, proteinuria was observed in 5 patients and hematuria was observed in 2 patients. 3 patients had proteinuria over than 500mg/day. Their renal biopsy findings; 2 of them were nonspecific involvements and one of them was minimal mesangioproliferative changes.

Conclusion: As a multi-system disease, general data have been presented, as clinical symptoms involve almost all systems of the body (1).

REFERENCES:

- [1] Behcet's disease Fereydoun Davatchi 1Int J Rheum Dis.2014 May;17(4):355-7. doi: 10.1111/1756-185X.12378.

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AB0363

PERIOPERATIVE MANAGEMENT WITH BIOLOGICS ON SEVERE AORTIC VALVE REGURGITATION CAUSED BY BEHÇET'S SYNDROME: THE EXPERIENCE FROM A SINGLE CENTER

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Background: Cardiovascular involvement in Behçet's syndrome (BS) is associated with poor prognosis and accounts for the leading cause of mortality and morbidity in BS^{1,2}. Perioperative management of severe aortic valve regurgitation (AR) caused by BS is critical while challenging. AR caused by BS is associated with a high incidence of severe postoperative complications, especially paravalvular leakage (PVL) due to the fragilities of aortic lesions and tissue inflammation, leading to a significantly increased risk of re-operation and life-threatening conditions³⁻⁵. For the perioperative management of patients with AR caused by BS, many patients respond inadequately to the combination therapies of glucocorticoids (GCs) and immunosuppressants. Meanwhile, rapid and efficient control of inflammation is critical in preserving cardiac function and surgical management. However, the application of biologics in the perioperative treatment of AR attributable to BS has not yet been evaluated.

Objectives: To investigate the efficacy and safety of biologics in the perioperative management of severe AR caused by BS.

Methods: We retrospectively analyzed twenty patients with severe AR caused by BS and were treated with biologics during the perioperative cardiac surgeries in our center between February 2016 and October 2020.

Results: Twenty patients with severe AR were enrolled, including 19 males and 1 female, with a mean age of 39.1±8.8 years and median course 8 (IQR, 5.25-10) years. Before biologics administration, 92.9% of the patients who underwent aortic valve replacement surgeries had failed conventional therapy and developed postoperative paravalvular leakage (PVL) at a median interval of 4 months. Biologics was administered during the perioperative period of 22 aortic valve surgeries, including preoperatively with a median interval of 3.5 (IQR, 2.75-4.25) months in 13 cases, or within three-month postoperatively in 9 cases, with background glucocorticoids (GCs) and immunosuppressants. After a median follow-up of 21 (IQR, 15-32) months, 11 out of 13 cases (84.6%) preoperatively and 8 out of 9 cases (88.9%) postoperatively treated with biologics were event-free. The BDCAF score improved significantly (7 vs. 0, median, p<0.0001). Significant decrease of ESR (25.0 (IQR, 11-36.25) mm/h vs. 6.5 (IQR, 4-8.8) mm/h, p<0.001), and CRP (20.77 (IQR, 7.19-29.58) mg/L vs. 1.53 (IQR, 0.94-2.92) mg/L, p=0.001) were achieved rapidly and effectively. The dosage of GCs tapered from 40 (IQR, 30-60) mg/d to 10 (IQR, 5-11.25) mg/d, p<0.0001. Immunosuppressants were tapered in number and dosage in 6 (30%) and 20 patients (100%), respectively. No serious adverse event was observed.

Conclusion: Our study suggests that biologics was effective and well-tolerated for the perioperative management of severe and refractory AR caused by BS, which significantly reduced the occurrence of postoperative PVL and had a favorable GCs- and immunosuppressants- sparing effect.

REFERENCES:

- [1] Saadoun D, Wechsler B, Desseaux K, et al. Mortality in Behcet's disease. *Arthritis Rheum* 2010; 62: 2806-2812.
- [2] Thomas T, Chandan JS, Subramanian A, et al. Epidemiology, morbidity and mortality in Behcet's disease: a cohort study using The Health Improvement Network (THIN). *Rheumatology (Oxford)* 2020; 59: 2785-2795.
- [3] Ando M, Kosakai Y, Okita Y, et al. Surgical treatment of Behcet's disease involving aortic regurgitation. *Ann Thorac Surg* 1999; 68: 2136-2140.
- [4] Han JK, Kim HK, Kim YJ, et al. Behcet's disease as a frequently unrecognized cause of aortic regurgitation: suggestive and misleading echocardiography findings. *J Am Soc Echocardiogr* 2009; 22: 1269-1274.
- [5] Guo X, Tian Z, Liu Y, et al. Preoperative immunosuppressive therapy reduces paravalvular leakage after aortic valve surgery in patients with aortic

regurgitation attributable to Behcet's disease. *Clin Exp Rheumatol* 2016; 34: S26-S33.

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AB0364

DO PATIENTS PARTICIPATING IN MEETINGS REPRESENT THE ACTUAL PATIENT POPULATION IN BEHÇET SYNDROME?

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Background: The importance of patient involvement in healthcare research is increasingly emphasized. Patients participate as research partners in designing studies and development of management recommendations, measurement tools and outcome measures. However, ensuring representation of the general patient population by specific patient groups may be challenging for multisystem diseases with heterogenous phenotype.

Objectives: We aimed to evaluate whether patients with Behcet syndrome (BS) participating in a patient convention represent the actual patient population attending the clinic.

Methods: A questionnaire was applied to 104 BS patients (Meeting group) attending the patient convention which was held during the Cerrahpasa Behcet Disease Symposium in Istanbul in February 2020. Patients had been invited to the convention through posters, advertisement on our website and social media. The questionnaire was conducted with a keypad given to the patients and it consisted of 21 items including age, gender, education level, working status, disease duration, BS manifestations, and treatment. The same questionnaire was filled by 97 consecutive patients (Clinic group) who attended our rheumatology outpatient clinic for their routine controls. Chi-square test was used to compare the groups.

Results: Table 1 shows demographic and disease characteristics of the patient groups. The groups were similar in terms of sex and education level. There were more men in both groups, probably reflecting the more severe disease course among men in BS. There were significantly more patients who were >40 years of age and had a disease duration more than 20 years in the Meeting group. Although there were more patients who had a job in Clinic group, the difference was not significant. Central nervous system involvement, vascular involvement, genital ulcers, erythema nodosum, and arthritis were significantly more common in patients in the Meeting group compared with those in the Clinic group. The frequency of eye involvement, gastrointestinal involvement and papulopustular lesions were similar in the two groups. Cyclophosphamide use was significantly more common in Meeting group compared to the Clinic group.

Table 1. Demographics, clinical characteristics, and treatments

	Meeting Group (n=104) (n/N, %)	Clinic Group (n=97) (n, %)	P
Oral aphthous ulcers	88/97(91)	94/97	0.13
Genital ulcers	86/104(83)	68/70	0.045
Erythema nodosum	77/103(75)	47/48	0.0003
Papulopustular skin lesions	69/103(67)	75/77	0.09
Arthritis	78/102(77)	46/47	<0.0001
Eye involvement	51/103(50)	53/55	0.48
Vascular involvement	42/98(43)	25/26	0.036
CNS involvement	14/103(14)	2/2	0.016
GI involvement	14/97(14)	6/6	0.10
Prednisolone - still using	30/104(29)	34/35	0.37
Prednisolone - ever used	88/104 (85)	72/74	0.08
Colchicine - still using	43/100 (43)	46/47	0.57
Colchicine - ever used	86/100(86)	74/76	0.10
AZA - still using	45/100 (45)	41/42	0.77
AZA - ever used	81/100 (81)	74/76	0.49
CYC - still using	1/96(1)	0/0	NS
CYC - ever used	16/96(17)	7/7	0.048
bDMARDs - still using	20/101(20)	26/27	0.31
bDMARDs - ever used	28/101(28)	32/33	0.44

* Adjusted P-values by Bonferroni correction were <0.001.BS: Behcet Syndrome, CNS: Central nervous system, GI: Gastrointestinal, AZA: Azathioprine, CYC: Cyclophosphamide; bDMARDs: Biologic disease-modifying anti-rheumatic drugs; NS: non-significant

Conclusion: Patients in the Meeting group had more severe disease compared to the Clinic group. Patients with all types of involvement were adequately represented in the Meeting group.

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