are shown in Table 1. All arteries except the carotid arteries had a significantly higher IMT in the LV-GCA and mixed-GCA groups when compared with both c-GCA and non-GCA groups. There were no differences in IMT between mixed-GCA and LV-GCA. There were also no differences in any explored artery between PMR and non-GCA. There were statistically significant differences in the IMT of the bilateral axillary and subclavian arteries between the PMR group and all the GCA subtypes, being greater in the latter. IMT tended to be higher in the c-GCA group when compared to non-GCA, reaching statistical significance in the left arteries (axillary, subclavian, and distal carotid). Although there was also a tendency for IMT to be higher in mixed-GCA patients than in LV-GCA patients, the differences did not reach statistical significance.

Conclusion: Large vessel ultrasound does not differ between healthy patients and those with PMR without confirmed GCA. Our data suggest that mixed-GCA subtype is not an intermediate form between the cranial and LV-GCA subtypes but could have a higher inflammatory burden.

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AB0383 OCULAR MANIFESTATIONS DURING GIANT CELL ARTERITIS

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Background: Horton's disease (HD) or giant cell arteritis (GCA) is a segmental and plurifocal giant cell inflammatory panarteritis, predominant in large and medium sized vessels. Ocular damage during giant cell arteritis is frequent and is considered the most serious damage, possibly causing blindness in 15% of cases in recent series (1).

Objectives: Describe the different ophthalmological manifestations during GCA.

Methods: This is a retrospective monocentric descriptive study of 19 files of subjects diagnosed with HD, hospitalized in the internal medicine department of de Sousse between January 2000 and December 2020.

Results: The average age of patients at diagnosis was 70 years, with extremes of 53 and 92 years. There were 14 females (71.4%) and 5 males (28.6%). Ophthalmologic manifestations were present in 13 patients (71%), 6 of whom were female.

Decreased visual acuity was reported in 8 cases (58.33%) with bilateral blindness in one case, visual blur in 9 cases (75%), eye pain in two cases.

Ophthalmological examination was normal in 8 cases (42%). A decrease in visual acuity was objective in 4 cases (21%). One case of nodular episcleritis was noted. The fundus showed anterior ischemic optic neuropathy in 2 cases (10.5%) and left optic atrophy in another case. A visual field was performed in 2 cases showing associated retrobulbar optic neuritis. Therapeutically, Methylprednisolone boli were prescribed in patients with anterior ischemic optic neuropathy, followed by oral corticosteroid therapy at a dose of 1mg/kg/day. A dose of 0.7 mg/kg/day of prednisone was prescribed in the other cases. Blindness was irreversible.

Conclusion: The most common eye diseases in HD are acute anterior ischemic optic neuritis, retinal artery occlusion and posterior ischemic optic neuropathy. Episcleritis is a rare ophthalmologic manifestation of this vasculitis (2). More exceptionally, Horton's disease may cause NORB by affecting the vessels that supply the optic nerve (< 5% of cases)(3,4). In our series of studies, acute anterior ischemic optic neuritis was less

observed than in the literature. This is probably due to the reduced number of patients.

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AB0384 IMPACT OF TEMPORAL ARTERY ULTRASOUND ON SURVIVAL OF PATIENTS WITH GIANT CELL ARTERITIS

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Background: Giant cell arteritis (GCA) is the most common primary systemic vasculitis in adults over 50 years of age. Its incidence increases with age, with a peak between 70-80 years and predominates in women, 3:1. It is a medical emergency that, if not diagnosed, can lead to irreversible complications. The delay in time from diagnosis to start of treatment is crucial to avoid possible serious outcomes on short, medium and long term. Survival in GCA is estimated between 60-90% at 5 years and 48-81% at 10 years. Efforts have been made to implement rapid diagnostic circuits to assess patients and initiate treatment without delay with good results both in reducing permanent vision loss and in reducing the costs of these patients due to emergency visits and admissions. The morbidity and mortality of this disease is high, but the use of efficient diagnostic strategies, such as ultrasound of superficial temporal arteries, has proven to be a useful, practical, cost-effective and, above all, quick tool to make the diagnostic approach.

Objectives: Analyze the impact of early temporal artery ultrasound on survival for patients with GCA.

Methods: Survival study of 48 patients with GCA, in two different "stages" in terms of diagnostic approach: Group A (n = 27), patients diagnosed between 2002 - 2011 using only ACR 1990 criteria and Group E (n = 21) diagnosed between 2010-2015 using ACR criteria and TAUS. TAUS was performed by Rheumatologists with extensive experience in ultrasound and within a period of no more than 7 days for these patients. The definitive diagnosis of GCA was based on the clinical criteria of the Rheumatologist within the clinical and analytical context and with the specific complementary examinations for each case (Ultrasound, PET-CT, biopsy). Demographic data, comorbidities, signs and symptoms at debut, analytical data, complementary examinations, treatment and evolution were obtained retrospectively through the electronic medical record of the patient, based on the database of our GCA cohort. A survival analysis was performed considering death as the main outcome. The statistic used was the Kaplan-Meier test. In addition, other complications related to treatment or pathology are collected.

Results: The mean age at diagnosis of our patients was 79 ± 6 years, with a female: male ratio of 3: 1. The follow-up was between 2 and 16 years with a mean of 5.8 ± 3 years, until the last visit collected or until the outcome of death. Group A had a survival at 5 and 10 years of 53.4% and 36.7% respectively, while group E of 79.5% at both cut-off points. (Figure 1).

There is a significant difference between the survival of both groups, p <0.01, this being better in the group in which TAUS was implemented for rapid diagnosis (group E). The main causes of death were cardiovascular