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Background: Cystoid Macular Edema (CME) is the most important cause of blindness in non-infectious uveitis (NIU) (1). Corticosteroids and conventional and/or biological immunosuppressant may be required (1-6). High-dose intravenous methylprednisolone (IVMP) pulse therapy may induce a rapid improvement.

Objectives: To evaluate the efficacy and safety of IVMP pulse therapy in CME of different immune mediated inflammatory diseases (IMID).

Methods: Multicentre study of 66 patients with severe ocular inflammation who received IVMP. The underlying diseases were: Vogt Koyanagi Harada disease (VKHD) (n=24), Behçet's disease (BD) (19) and idiopathic NIU (23). The main outcome variable was macular thickness and macular edema (Optical coherence tomography [OCT] >300 µm); that was assessed at 0 (basal), 2-5, 7, 15 and 30 days after IVMP.

The results are expressed as mean ±SD for normally distributed variables, or as median [IQR] when are not. Comparison of continuous variables was performed using the Wilcoxon test.

Results: We studied 43♀/ 23♂ patients. The main features are shown in TABLE 1. IVMP dose ranged from 250 to 1000 mg/day administered for 3-5 consecutive days, the dose was established according to the presence or not of other systemic manifestations apart from uveitis. All of them had active intraocular inflammation at the moment of the study.

Table 1. Main features of 66 patients with cystoid macular edema.

	VKHD (n=24)	Idiopathic (n=23)	Behçet's disease (n=19)	Overall (n=66)
Men/Women, n	5/19	9/14	9/10	66
Mean age (years)	42 ± 11	47 ± 15	33 ± 10	-
Unilateral/Bilateral, n (%)	2 (8.3) /22 (91.7)	10 (43.5) /13 (56.5)	4 (21) /15 (79)	16/50
Inflammatory ocular patterns, n (%)				
Posterior uveitis	6 (25)	9 (39.1)	3 (15.8)	18
Panuveitis	18 (75)	14 (60.9)	16 (84.2)	48
Laboratory data, n (%)				
ANA	2 (8.34)	2 (8.7)	0 (0)	4
HLA B27	0 (0)	4 (17.4)	0 (0)	4
HLA B29	0 (0)	1 (4.3)	0 (0)	1
HLA B51	0 (0)	5 (21.7)	8 (42)	13

A rapid and maintained statistically improvement was observed in OCT values in all underlying diseases (FIGURE 1). No major side effects were observed.

Conclusion: High-dose IVMP pulse therapy is useful and safe in the prompt control of CME, regardless of the underlying IMID.

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Figure 1. Improvement of OCT in 66 patients with cystoid macular edema.

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AB0397 EPIDEMIOLOGY AND CLINICAL FEATURES OF OPHTHALMOLOGICAL MANIFESTATIONS IN BEHÇET'S DISEASE. STUDY OF 50 PATIENTS OF A SERIES OF 120 PATIENTS IN A REGION IN NORTHERN SPAIN

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Background: Ophthalmological involvement is one of the most feared manifestations of Behçet's disease [1-6].

Objectives: Our aim was to define the main demographic and clinical features of ophthalmological involvement in a well-defined cohort of patients with Behçet's disease.

Methods: Descriptive study of a cohort of 120 patients diagnosed with Behçet's disease from January 1, 1980 to December 31, 2019. Finally, following the 2014 International Criteria for Behçet's Disease (ICBD) (J Eur Acad Dermatol Venereol 2014; 28:338-47) 94 patients were chosen for this study.

Results: 50 patients (28 men/22 women; male to female ratio of 1:0.8) had ocular involvement. Mean age at diagnosis was 37.6±11.8 years. Mean ICBD score was 5.8±1.3 points. Neurological involvement was the most frequent manifestation in this group. Genital ulcers were more frequent in the non-ophthalmological involvement group. Systemic clinical domains are shown in Figure 1.

The most frequent ocular manifestations were uveitis (n=44, 88.0%), retinal vasculitis (n=5, 10%) and dry eye (n=5, 10%). Likewise, the most frequent type of uveitis was anterior (n=17, 38.6%), followed by posterior uveitis (n=14, 31.8%). 26 (59.1%) of all uveitis were unilateral. Panuveitis was more frequent among patients under 60 years. Similarly, anterior uveitis was predominant in patients older than 70 years. There were no remarkable differences between genders. Main clinical features are shown in Table 1.

Table 1. Clinical characteristics of ocular Behçet's disease.

	n (%)	Unilateral, n (%)	Bilateral, n (%)
Uveitis	44 (88.0)	26 (59.1)	18 (40.9)
Anterior	17 (38.6)	13 (76.5)	4 (23.5)
Intermediate	2 (4.5)	-	2 (100)
Posterior	14 (31.8)	9 (64.3)	5 (35.7)
Panuveitis	11 (25.0)	4 (36.4)	7 (73.6)
Retinal vasculitis	5 (10.0)	-	-
Dry eye	5 (10.0)	-	-
Cystoid macular edema	4 (8.0)	-	-
Episcleritis	3 (6.0)	3 (100)	-
Optic neuritis	2 (4.0)	-	-

Conclusion: Ophthalmological involvement in Behçet's disease was more frequent in men. Uveitis and retinal vasculitis were the most frequent ocular manifestation. No remarkable differences in clinical features were observed between genders.

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Figure 1. Comparison between clinical domains in patients with and without ophthalmological involvement.

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AB0398

CASE SERIES OF PATIENTS WITH CHOLESTEROL CRYSTAL EMBOLISM SYNDROME THAT MIMICS SYSTEMIC VASCULITIS

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Background: Cholesterol crystal embolism (CCE) syndrome is a multisystemic disorder caused by small arteries cholesterol crystal emboli subsequent to small pieces of atheromatous plaques from the aorta or other major arteries break off. CCE is often overlooked because it mimics symptoms of systemic vasculitis due to its clinical characteristics such as ulceration and gangrene of toes, livedo reticularis, renal insufficiency. Acute inflammatory reactants such as ESR, CRP may elevate in CCE patients since the cholesterol crystals trigger a foreign-body inflammatory reaction around the arterioles.

Objectives: This study aimed to explore the clinical characteristics of CCE patients, to make rheumatologists learn more about this disease.

Methods: Peer-reviewed articles in the electronic databases Medline, PubMed, Science Citation Index, China Biomedical Literature Database (CBM), China Journal Full Text Database (CNKI), and WANFANG Data were searched using the terms "cholesterol crystal embolism syndrome", "cholesterol embolism", "atherosclerotic embolism", "atherosclerotic nephropathy", or "CCE". Only articles or case reports containing detailed medical records of CCE patients were included. We also included CCE patients in our department.

Results: A 66-year-old male CCE patient presented with multiple ulceration and gangrene of toes and heels (Figure 1), subacute renal insufficiency, and elevated CRP and ESR. This patient had been considered as "suspected systemic vasculitis" and was referred to our rheumatology department. Another 39 Chinese CCE patients from the above databases were qualified for analysis. Among these 40 patients, 87.5% (35/40) were male and the mean age was 68±6 years. The most common involved was kidney and 90% (36/40) of patients presenting with renal insufficiency including the progressive increase of serum creatinine, hematuria, proteinuria, or sudden (or sharp) aggravation of hypertension. Next common involved was skin that occurred in 87.5% (35/40) of patients, especially in the toes and heels. For skin manifestations, blue toe syndrome occurred in 82.5% (33/40) of patients, ulceration or gangrene in 25% (10/40), and livedo reticularis in 15% (6/40). Additionally, 12.5% (5/40) showed ocular involvement such as visual impairment and visual field defect. In 2 patients, embolized cholesterol crystal in retinal arteries that is called Hollenhorst plaques was detected by fundoscopy. There were 62.5% (25/40) of patients having elevated CRP or ESR. The positive rate for skin or subcutaneous biopsies was 58% (11/19) and for kidney biopsies was 100% (6/6). The precipitating factors preceding the occurrence of classical symptoms such as blue toe syndrome, livedo reticularis and/or subacute renal insufficiency is important for CCE diagnosis especially for patients who had contraindications or were intolerant to biopsy. The precipitating factors include endovascular intervention (80%), vascular surgery (5%), and anticoagulant or thrombolytic therapy (2.5%). Only 12.5% (5/40) of patients were spontaneous and didn't have any predisposing factors. General interventions of CCE included statins (82.5%), antiplatelets (32.5%), and dialysis (32.5%). Twelve patients (30%) received glucocorticoids and 75% (9/12) of them renal function improved and ulceration healed (Figure 1). Among 36 patients who presented with renal insufficiency, the renal function returned to normal after treatment in 2 patients (5.6%), but 27 patients (75%) still showed abnormal renal function even though somewhat improved, and 7 patients (19.4%) needed renal replacement therapy or dialysis for maintenance.

Conclusion: This study reported CCE patients had high prevalence of renal insufficiency, blue toe syndrome, and ulceration or gangrene of toes, as well as elevated CRP or ESR, thus rheumatologists should be alert to this disease as one of the differential diagnosis of systemic vasculitis, especially for elderly patients with evidence of atherosclerosis who undergo a recent cardiovascular procedure.

Figure 1: A 66-year-old male CCE patient presenting with multiple ulceration and gangrene of toes and heels (A). Skin gangrene with or without ulceration scab was seen in bilateral heels, the third right toe, and the first and fourth left toes. The fifth right toe showed blue color (named as blue toe syndrome). After 6-month glucocorticoids treatment, the skin ulceration completely healed (B).

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AB0399

EPIDEMIOLOGY OF BEHÇET DISEASE IN A NORTHERN SPANISH HEALTH REGION

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Background: Behçet disease (BD) is a systemic and potentially severe disease. Its incidence varies widely worldwide. In Spain, published BD's epidemiological studies are scarce.