Vasculitis - large vessel vasculitis

AB0576  SERUM 25-HYDROXYVITAMIN D WAS CORRELATED WITH THE DISEASE ACTIVITY IN TAKAYASU'S ARTERITIS

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Background: 25-Hydroxyvitamin D [25(OH)D] deficiency has been linked to autoimmune disease. However, the relationship between 25(OH)D and Takayasu's arteritis (TAK) disease activity remains largely unknown[1]
Objectives: This study aimed to investigate the association between serum 25(OH)D and disease activity in TAK patients.
Methods: A total of 117 patients with TAK (TAK group) and 75 healthy people (control group) were enrolled in our study. Fifty-nine of the patients were re-evaluated after six months of therapy. The serum 25(OH)D levels were compared between the groups. The correlations between the 25(OH)D levels and TAK disease activity were analyzed.
Results: The serum 25(OH)D levels were markedly lower in the TAK patients than those in the healthy subjects ([21.6±4.9] μg/L vs [21.9±3.3] μg/L) (P<0.001). Serum 25(OH)D in all TAK patients was negatively correlated with IL-6 (r=-0.214, P=0.035). The serum 25(OH)D levels in the TAK patients were significantly higher after six months of therapy with glucocorticoid and immunosuppressive agents than those at baseline ([12.1±6.9] μg/L vs [18.0±13.7] μg/L) (P<0.001).
Conclusions: The serum 25(OH)D levels were positively correlated with reduced changes in the NIH, ITAS2010 and ITAS-A scores (r=0.490, P<0.001; r=0.496, P<0.001; and r=0.306, P=0.018, respectively).
Disclosure of Interests: None declared

AB0577  CLINICAL MANIFESTATIONS AND VARIANTS OF THE COURSE OF TAKAYASU ARTERITIS IN A KYRGYZ COHORT

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Background: The lack of a unified clinical classification and standardized methods of diagnosis creates additional difficulties for timely verification of the diagnosis in real clinical practice. According to a number of studies, there are some differences in phenotypic manifestations among patients with Takayasu arteritis (TAK) of different ethnicity, which determined the objectives of this study.
Objectives: To study the features of the course of the TAK in the Kyrgyz cohort (KC) of patients.
Methods: The angiographic classification of R. Moriwaki et al. was used to determine the anatomical type of vascular bed lesion [1]. The TAK activity was evaluated according to the BVAS index, developed by R. Lugmani et al. [2]. Jefferson's classification was used to characterize the clinical stage of TAK [3]. K. Ishikawa's classification was used to detect the severity of complications and assess the forecast of the disease [6]. All patients underwent a standard laboratory tests, with the mandatory determination of highly sensitive CRP (hs-CRP) and interleukin 6 (IL6). Degree of peripheral vessels lesion was assessed according to data from Duplex Doppler ultrasound scanning of arteries in the color Doppler imaging mode.
Results: The study included 130 patients who were diagnosed with TAK, verified according to criteria of the American College of Rheumatology (ACR, 1990) [4,5] and who received treatment at the NCCIM from January 2014 to November 2021. The majority of patients were women (93.08%), of Kyrgyz nationality (90.77%), of young age - 32 years old [23; 41], with a disease duration of 6.5 years [3.0; 11.0], with the onset of the disease at the age of 23 [18; 31]. By anatomical type of vascular lesion, the patients were distributed as follows: type 1 was detected in 18 (13.85%), type II (a and b) - in 24 (18.46%) patients, type II - in 2 (1.54 %), IV - in 5 (3.85%) and V - in 81 (63.3%) patients, which indicated the prevalence of generalized and diffuse lesions of all parts of aorta. According to the BVAS index, most patients had a severe exacerbation - 74 cases (57%), mild exacerbation observed slightly less (42 cases or 32.3%), partial remission occurred in 13 cases (10%) and complete remission in only 1 case (0.7%). BV angiographic classification, the majority of patients (119 or 91.54%) had vascular stage; none of the patients had the criteria for the prevascular stage. In the overwhelming majority of patients (43.84%) nature of vascular lesion was represented by isolated stenosis while a combination of stenosis with occlusive changes was observed in almost 40% of patients.
Conclusion: In the KC of patients with TAK, the overwhelming majority of cases was among women (90.77%) of young age with the onset of the disease at 23 years. Generalized lesions of the arterial bed (63.3%) and severe exacerbation (57%) were mainly observed. The vascular stage predominated (in 91.54% of cases), with the prevalence of stenotic and occlusive changes (40%).
Disclosure of Interests: None declared

AB0578  C-REACTIVE PROTEIN TO ALBUMIN RATIO IN BEHÇET’S DISEASE

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Background: Behçet's Disease (BD) is a systemic variable vessel vasculitis that involves the skin, mucosa, joints, eyes, vascular, nervous and the gastrointestinal system.
Objectives: There is no specific laboratory test for the diagnosis and following of Behçet's disease (BD). This study aims to evaluate the relationship between C-reactive protein (CRP)/albumin ratio (CAR) and other hematological parameters in BD.
Methods: A total of 200 participants (100 BD patients and 100 healthy controls) were recruited from the rheumatology outpatient clinic in this cross-sectional study. The laboratory data were obtained from the hospital database. Laboratory tests were conducted to measure complete blood count, erythrocyte sedimentation rate (ESR), CRP, albumin, CAR, neutrophil to lymphocyte ratio (NLR), and platelet to lymphocyte ratio (PLR). Laboratory findings of BD patients and healthy controls were compared and evaluated. BD activity scores (BDCAF/Behçet’s Disease Current Activity Form) were calculated. The inclusion criteria were fulfilling the international diagnostic criteria of BD, being over 18 years and accepting to participate in the study.
Results: In the BD group, there were 42 male and 56 female participants with a mean age of 42.49 ± 13.15 and in the healthy control group, 44 male and 56 female participants with a mean age of 44.90 ± 10.98. The age and gender distributions of the groups were similar (P: 0.18, P: 0.78, respectively).
NLR, CAR and CRP values were significantly higher in patient group than in the healthy controls (respectively p:0.022, p: 0.013, p:0.001). BDCAF score varied between 0 and 4 and with a mean of 1.55± 0.64. A statistically significant correlation was observed between BDCAF and CAR (r=0.001).
Conclusion: In this study, a significant correlation was found between BDCAF and BDCAF, NLR, CAR and CAR can be useful in the diagnosis and following of BD patients. However, further studies are needed.
Disclosure of Interests: None declared

AB0579  EVALUATION OF PATIENTS WITH PEDIATRIC BEHÇET’S DISEASE: A TERTIARY CENTER EXPERIENCE

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Background: Behçet disease (BD) is a chronic, multisystem inflammatory disease caused by a recurrent immune response to unidentified etiological agents.
Objectives: There is no specific laboratory test for the diagnosis and following of BD. This study aims to evaluate the relationship between C-reactive protein (CRP)/albumin ratio (CAR) and other hematological parameters in BD.
Methods: A total of 200 participants (100 BD patients and 100 healthy controls) were recruited from the rheumatology outpatient clinic in this cross-sectional study. The laboratory data were obtained from the hospital database. Laboratory tests were conducted to measure complete blood count, erythrocyte sedimentation rate (ESR), CRP, albumin, CAR, neutrophil to lymphocyte ratio (NLR), and platelet to lymphocyte ratio (PLR). Laboratory findings of BD patients and healthy controls were compared and evaluated. BD activity scores (BDCAF/Behçet’s Disease Current Activity Form) were calculated. The inclusion criteria were fulfilling the international diagnostic criteria of BD, being over 18 years and accepting to participate in the study.
Results: In the BD group, there were 42 male and 56 female participants with a mean age of 42.49 ± 13.15 and in the healthy control group, 44 male and 56 female participants with a mean age of 44.90 ± 10.98. The age and gender distributions of the groups were similar (P: 0.18, P: 0.78, respectively).
NLR, CAR and CRP values were significantly higher in patient group than in the healthy controls (respectively p:0.022, p: 0.013, p:0.001). BDCAF score varied between 0 and 4 and with a mean of 1.55± 0.64. A statistically significant correlation was observed between BDCAF and CAR (r=0.001).
Conclusion: In this study, a significant correlation was found between BDCAF and BDCAF, NLR, CAR and CAR can be useful in the diagnosis and following of BD patients. However, further studies are needed.
Disclosure of Interests: None declared