Vasculitis - large vessel vasculitis

SÉRUM 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 autoimmunedisease. 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 [(12.16±4.9) μg/L vs (21.97±8.33) μg/L] (P<0.001). Serum 25(OH)D in all TAK patients was negatively correlated with IL-6 (r=-0.214, P<0.001). Finally, we showed that elevated changes in the 25(OH)D levels before and after treatment were positively correlated with reduced changes in the NIH, ITAS2010 and ITAS-A scores (r=-0.498, P<0.001; r=0.496, P<0.001; and r=0.306, P=0.018, respectively).

Conclusion: The serum 25(OH)D levels were significantly downregulated. The changes in 25(OH)D were positively correlated with disease activity.

REFERENCES:

Disclosure of Interests: None declared

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. Luqmani et al. [2].

Conclusion: The serum 25(OH)D levels were significantly downregulated. The changes in 25(OH)D were positively correlated with disease activity.

Disclosure of Interests: None declared

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, 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 58 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: 0.16 and P: 0.78, respectively). NLR, CRP, ESR and CAR values were significantly higher in the BD group than in the healthy controls (respectively p<0.002, p<0.013, p<0.001, p<0.001). CAR was negatively correlated with NLR, CRP, ESR and CAR values. The CAR score was calculated between 0 and 4 with a mean of 1.55a ± 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 CAR and BDCAF, NLR, CRP, albumin and ESR. CAR can be used in the diagnosis and following of BD patients. However, further studies are needed.

REFERENCES:

Disclosure of Interests: None declared

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

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Objectives: To evaluate the disease activity in pediatric patients with Behçet’s disease (BD) and to determine the efficacy of the treatment.

Methods: A total of 200 patients with BD were included in this study. The patients were followed up at a tertiary center in Bursa, Turkey. The disease activity was evaluated using the BD Activity Form (BDCAF) and the Pediatric BD Activity Index (PBDAI).

Results: The mean age of the patients was 13.5 ± 4.8 years, and the mean disease duration was 3.7 ± 2.6 years. The most common symptoms were oral aphthae (92%), genital ulcers (88%), and skin lesions (78%). The mean BDCAF score was 7.2 ± 3.8, and the mean PBDAI score was 1.9 ± 0.9. The most common associated complications were uveitis (38%) and gastrointestinal involvement (23%).

Conclusion: The evaluation of disease activity in pediatric BD patients is important for the treatment of the disease. The BDCAF and PBDAI scores were useful in the assessment of disease activity.

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