and vertebral artery and baseline carotid US examination were enrolled. Bilateral carotid diameter, intima-media thickness (IMT), and peak systolic velocity (PSV) were measured by US. Then, IMT/diameter ratio (IDR) was calculated. Risk factors associated with neurological SIE were analyzed by multivariate logistic regression.

**Results:** Totally, 295 patients were included, of whom 93 (31.5%) experienced neurological SIE, with common carotid artery involved (81.7%). Involved supra-aortic artery distribution (p=0.04) and number (p<0.01) differed between neurologic and non-neurologic SIE subjects, showing higher prevalence of common carotid and vertebral artery involvement in cases with neurological SIE and 57.1% neurologic SIE patients having more than four involved arteries. The left carotid IDR (p=0.03) and IDR (p<0.01) differed between patients with and without neurological SIE. The left carotid IDR (cut-off value ≥0.55, odds ratio [OR] 4.46; 95% confidence interval [CI] 2.05-9.71; p<0.01) and PSV (>76 cm/s, OR 3.38; 95% CI 1.82-704; p<0.01) and involved supra-aortic artery number (>4, OR 1.54-6.47; p<0.01) were independently associated with neurological SIE.

**Conclusion:** The left carotid IDR, PSV and involved supra-aortic artery number would perform as valuable markers for recognizing neurological SIE in TAK patients with supra-aortic lesions.

**REFERENCES:**


**Disclosure of Interests:** None declared


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**POS0813**

**GLUCOCORTICOIDS, CONVENTIONAL DMARDS AND TOCILIZUMAB DIFFERENTLY AFFECT 18F-FDG PET METABOLIC ACTIVITY IN GIANT CELL ARTERITIS PATIENTS.**

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**Background:** Imaging role in large vessel vasculitis (LVV) patients is tremendously increased in recent years. However, the role of 18F-FDG PET in evaluating treatment response is still an unmet need.

**Objectives:** The aim of the present study is to evaluate the effect of different treatment regimens, namely glucocorticoids (GC), conventional disease modifying anti-rheumatic drugs (cDMARDs) and tocilizumab (TCZ), on clinical and metabolic activity of giant cell arteritis (GCA) with extra-cranial involvement.

**Methods:** Consecutive LVV inpatients and outpatients, classified as GCA, were prospectively enrolled. We included all patients who underwent to at least 2 consecutive 18F-FDG PET-CT or MR scan between October 2010 and October 2021. Demographic and clinical data as well as disease activity were assessed before each PET scan. Remission was defined as absence of signs and symptoms attributable to GCA and normalization of ESR (<30 mm/hr) and CRP (<1 mg/dL) [1].

**Results:** A total of 116 patients were included. Significant improvement in PETVAS was observed only in TCZ-treated patients (12vs4, p=0.002, dPETVAS -66.7%); while the other treatment approaches resulted not significant (GC treated 12vs5, p=0.052, dPETVAS -50%; cDMARDs 11vs4, p=0.124, dPETVAS -52.4%).

**Conclusion:** 18F-FDG PET may be useful in assessing disease activity and monitoring response to therapy. Tocilizumab treatment significantly reduce vessel’s metabolic activity over time, when compared to conventional treatment. A persistent low-grade uptake during remission is common features in LVV patients, irrespectively of therapeutic regimens.

**REFERENCES:**


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**POS0814**

**OUTCOME OF VASCULAR INVOLVEMENT OF BEHÇET’S SYNDROME TREATED WITH INFlixIMAB: A RETROSPECTIVE COHORT STUDY**

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**Background:** Vascular involvement is the most common cause of mortality and an important cause of disability in patients with Behçet’s syndrome (BS). Cyclo-phosphamide has been the treatment choice for severe vascular involvement, but high frequency of adverse events such as infertility and infections cause concern. TNF inhibitors can be an alternative for BS patients with vascular involvement.

**Objectives:** To survey the efficacy and safety of infliximab (IFX) in BS patients with arterial and venous vascular involvement.

**Methods:** We reviewed the charts of BS patients who used IFX for vascular involvement. We extracted data on demographic and clinical features, type of vascular involvement, laboratory tests, imaging modalities, concomitant immunosuppressives, duration of IFX use, and outcome. The primary endpoint was remission, defined as the presence of all of the following 3 parameters: 1) lack of new clinical symptoms/findings associated with the vascular lesion 2)