ARTERITIS AORTITIS RELAPSE IN PATIENTS WITH GIANT CELL ARTERITIS

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AB0740

DESCRIPTION AND PROGNOSTIC FACTORS FOR AORTITIS RELAPSE IN PATIENTS WITH GIANT CELL ARTERITIS

Keywords: Real-world evidence, Vasculitis, Imaging

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Background: Giant cell arteritis (GCA) is the most common systemic vasculitis in individuals ≥ 50 years of age. It typically affects cranial vessels, but it can also affect large vessels in a high percentage of patients. Vascular inflammation of the aorta and/or its main branches can cause complications of high morbidity and mortality, and the presence of relapses is associated to more complications. The analysis of the different clinical and imaging patterns in patients with GCA and aortitis and their relationship with the prognosis needs more investigation. Early identification of patients with the highest risk of mortality could help predict deaths and vascular complications.

Objectives: To evaluate the demographic and clinical characteristics of patients with giant cell arteritis (GCA) who present a relapse.

To evaluate prognostic factors associated with GCA relapse.

Methods: A retrospective cohort study was carried out including patients diagnosed of GCA by a multidisciplinary expert committee in aortic pathologies. A total of 71 patients followed in the vasculitis clinic between 2011-2021 who had a PET-CT at onset before receiving treatment were included. Other causes of aortitis were excluded. Relapse was defined as a new episode of vasculitis confirmed by analysis and/or imaging test. Demographic, clinical, analytical and imaging variables were collected. A descriptive study of the sample and a groups comparison, according to the presence of vascular complications, was carried out. The Shapiro-Wilk test was used to study the normality of the variables. The relapse-free survival was analyzed using the Kaplan-Meier method. Univariate logistic regression was performed to assess predictive factors.

Results: A total of 71 patients were included, 73.2% were female and the mean age was 79.3 (±6.7) years. During the follow-up of the disease, 22 (30%) patients presented a relapse. Scalp tenderness (p<0.0001) and the complications prior to or at onset (aortic surgery [p<0.0001], ischemic stroke [p<0.0001], aneurysm/dissection/thrombosis [p=0.012] presented a significant association with relapse. Cardiovascular risk factors and acute phase reactants were not associated with relapse. Early diagnosis and imaging allowed the detection of vascular complications prior to the relapse. The univariate analysis to identify prognostic factors showed that the use of synthetic or biological disease-modifying anti-rheumatic drugs (sDMARD, bDMARD) was a protective factor against the occurrence of disease relapse, presenting a risk of relapse in untreated patients versus treated 64% higher (RR=0.64).

Conclusion: Disease relapse was observed in 30.9% of patients with GCA included in our study. Scap tenderness and the presence of vascular complications prior to or at onset of the disease were associated with greater occurrence of relapse. Our study suggests a possible protective effect of immunosuppressive drugs against relapse in GCA patients.

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CAN NORMAL ERYTHROCYTE SEDIMENTATION RATE AND C-REACTIVE PROTEIN LEVEL BE A REASON FOR DIAGNOSTIC DELAY IN POLYMYALGIA RHEUMATICA?

Keywords: Vasculitis, Diagnostic tests, Real-world evidence

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Background: Polymyalgia Rheumatica (PMR) is an inflammatory disease which does not have specific diagnostic tests or pathological symptoms and is defined with clinical characteristics. Among the acute phase reactants (APR), erythrocyte sedimentation rate (ESR) and C-Reactive Protein (CRP) are laboratory findings used in the diagnosis and follow-up. Although abnormal ESR and CRP levels are included in the criteria for the classification of PMR, ESR and CRP can be observed as normal in 13% of PMR patients.

Objectives: In the study, it was aimed to determine the incidence of normal APR rates in patients diagnosed with PMR and to identify the distinguishing characteristics of these patients.

Methods: PMR patients who were clinically diagnosed at a single center were reviewed. After the presence of bursts was demonstrated with ultrasonography (USG) in patients with normal ESR and CRP rates, they were accepted to have PMR. Patients with normal rates of ESR and CRP were compared against patients with high levels of ESR and/or CRP.

Results: In all 54 patients who were diagnosed with PMR (63% female, and mean age 65.39±7.39 years), >45 minute morning stiffness was present. Symptom duration median (IQR) was 3.5 (3) months, and ESR and CRP were found to be high in 72.2% and 83.3% of the patients, respectively. ESR and CRP were normal in 8 patients (14%), and serum amyloid A (SAA) was determined to be high in all these patients. At the time of the diagnosis, 51 patients (94%) had shoulder pain, and 41 patients (75%) suffered from hip pain. At the time of the diagnosis, median (IQR) ESR was found as 58.9 (49) mm/hour and CRP as 18.25 (38) mg/l. In 20 patients, SAA median (IQR) was 36 (26) U/L. The initial median (IQR) steroid dosage at the beginning of the treatment was prednisolone 20mg/day. As steroid sparing therapy, methotrexate was started in 27 patients, and azathioprine was started in 4 patients. In the group with normal levels...