Background: Many studies have reported risk factors for infection in ANCA-associated vasculitis, but the consistency of these risk factors varies between studies [1-5]. In addition, few reports have focused specifically on patients with microscopic polyangiitis (MPA) or have focused on the impact of glucocorticoids (GC) on the risk of infection.

Objectives: In this study, we aimed to examine risk factors of serious infections (SI) in patients with MPA in the REVEAL cohort, a Japanese multicenter cohort. As one of the risk factors, we also focused on the impact of GC reduction.

Methods: 181 MPA patients hospitalized for induction therapy and followed for at least three months were recruited from the REVEAL cohort. We evaluated the demographic, clinical, and laboratory findings, and treatments. To assess the impact of GC reduction, GC doses at 3 months and initial dose were identified as significant risk factors for SI, defined as infections requiring hospitalization in these patients. Gray test was performed for the comparison of the cumulative incidence of SI between groups.

Results: 181 MPA patients hospitalized for induction therapy and followed for at least three months were recruited from the REVEAL cohort. We evaluated the demographic, clinical, and laboratory findings, and treatments. To assess the impact of GC reduction, GC doses at 3 months and initial dose were identified as significant risk factors for SI, defined as infections requiring hospitalization in these patients. Gray test was performed for the comparison of the cumulative incidence of SI between groups.

Conclusions: Age, smoking index, CRP, and GC dose ratio (3 months/initial dose) were associated with SI. In the COX regression analysis (shown in Table 1), age, CRP, and GC dose ratio (3 months/initial dose) were identified as significant risk factors (p values are <0.005, <0.005, and 0.04, respectively). In addition, the group with GC dose ratio (3 months/initial dose) ≥ 0.4 had significantly higher cumulative incidence of SI than the other group (p=0.032) (shown in Figure 1).

Acknowledgements: None.


Odds ratio [95% CI] p value

<table>
<thead>
<tr>
<th>Odds ratio [95% CI]</th>
<th>p value</th>
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<tbody>
<tr>
<td>Age (years)</td>
<td>1.06 [1.04-1.12] &lt;0.005</td>
</tr>
<tr>
<td>Sex (Female)</td>
<td>0.57 [0.30-1.07] 0.08</td>
</tr>
<tr>
<td>Smoking index</td>
<td>1.00 [1.00-1.00] 0.26</td>
</tr>
<tr>
<td>CRP</td>
<td>1.08 [1.03-1.13] 0.005</td>
</tr>
<tr>
<td>GC dose ratio (3 months/initial dose)</td>
<td>6.53 [1.08-39.52] 0.04</td>
</tr>
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</table>
Results: Of 68 patients with HSP nephritis, diagnosed by kidney biopsy, 41 (60.29%) were male and 27 (39.71%) - female. Age of onset was between 18 and 66 years (mean 37.28 ± 9.34). Duration of follow-up was between 2 and 28 years. Some patients had histories of infection preceding presentation. At onset all patients had palpable purpura and urinary abnormalities (only hematuria - in 16.18%; mild proteinuria ± hematuria - in 44.12%; moderate or severe proteinuria and hematuria – in 39.70%). Arthralgias were present in 49 patients (72.06%), gastrointestinal involvement – in 32 patients (47.05%). Renal function was impaired in 26.47% of patients, and 51.47% were hypertensive. Mesangial hypercellularity lesions were found in most patients (97.06%), endocapillary proliferation – in 20.58%, segmental sclerosis – in 32.35%, tubular atrophy-interstitial fibrosis – in 38.33%. Corticosteroids and cyclophosphamide were prescribed in patients who presented with severe clinical and histological features and/or rapidly progressing renal disease. During follow-up classical extra-renal organ diseases were seen in 55.88 % of patients, and hematuria and/or proteinuria – in 77.94 %. At final review 26.47 % had progression of renal failure. Risk factors for renal failure were moderate or severe proteinuria during follow-up (p<0.001), renal impairment at presentation (p<0.001), hypertension at presentation and during follow up (p<0.05), crescents, interstitial fibrosis and tubular atrophy (p<0.001). No significant difference in renal outcome was observed between patients who had relapses in extra-renal organs versus those who did not.

Conclusion: Our results indicated that lower GFR, nephrotic syndrome, nephritic-nephrotic syndrome and crescentic nephritis were risk factors for unfavorable outcomes.

REFERENCES:

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Disclosure of Interests: None Declared.

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AB0784

SKULL BASE INFILTRATION AS A MANIFESTATION OF GRANULOMATOSIS WITH POLYANGIITIS

Keywords: Rare/orphan diseases, Organ damage, Vasculitis

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Background: Although upper respiratory symptoms are the most frequent localization of granulomatosis with polyangiitis (GPA) [1], infiltration of the skull base is rare.

Objectives: The aim of this analysis was the clinical characteristic of GPA patients’ skull base involvement.

Methods: The retrospective analysis was performed on patients diagnosed in tertiary academic referral center (Medical University of Gdańsk, Poland) between 1990 and 2022 due to GPA. Medical database of 232 GPA vasculitis patients were retrospectively reviewed, and demographics, serological, and clinical features of the patients presenting skull base infiltration throughout the disease course were recorded. Comparisons of disease characteristics and long-term outcomes were performed between patients with and without this manifestation.

Results: Among 232 patients (121 males, median age 52.5 years, 87% ANCA positive, 12.5% localized, 87.5% systemic), seven patients presented skull base infiltrations as a manifestation of GPA. It was 4 women and 3 men, aged between 27 and 72. Four patients were CANCA positive, 1 patient had atypical pANCA and 2 patients were ANCA negative. In six of them it was a first manifestation of vasculitis. Clinical characteristic of patients is summarized in Table. Statistical analysis showed that patients with skull base involvement and those without this manifestation differed only in the frequency of ocular involvement - in patients with skull base infiltration, ocular involvement occurred in all cases, while among patients without infiltration it occurred in only 34.5% of subjects. In terms of other parameters, there were no statistically significant differences between the groups.

Conclusion: Skull base infiltrations presenting mainly as cranial nerve pathies is rare presentation of GPA. In most of patients it is one of the first symptoms of vasculitis. It can occur in both ANCA positive and ANCA negative cases.

REFERENCES:

AB0785

ASSOCIATED FACTORS TO REMISSION IN PATIENTS WITH UVEITIS RELATED TO BEHÇET DISEASE TO THE FIRST THERAPEUTIC SCHEME

Keywords: Behcet’s disease, Uveitis, Remission

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Objectives: To describe the characteristics of uveitis in EB, extracellular manifestations, therapeutic lines used, and to compare the factors associated with uveitis remission to the first therapeutic scheme. In addition, evaluate the adherence to the EULAR 2018 recommendations.

Methods: Multicenter, observational, retrospective cohort study. Patients over 18 years of age with EB according to the 2014 ICBD criteria and uveitis according to the Uveitis Nomenclature Standardization Working Group (SUN). Disease remission was defined if the patient met the SUN criteria for ocular remission and if the rheumatologist did not have to change the immunosuppressant due to ocular involvement.

Results: Fifty-five patients were included, 69.1% were men, with a mean age at diagnosis of 33.7 (SD 11.4) years old, mean age at uveitis presentation