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POS1401

PROGNOSTIC VALUE OF COMMON FEMORAL VEIN WALL THICKNESS IN BEHÇET DISEASE: A PROSPECTIVE FOLLOW-UP STUDY

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Background: We reported the first controlled doppler ultrasound study showing increased common femoral vein (CFV) thickness in Behçet Disease (BD). Following that, we recently showed that increased CFV thickness is a distinctive feature of BD, rarely present in other inflammatory or vascular diseases such as ankylosing spondylitis, systemic vasculitides, venous insufficiency, and non-inflammatory DVT (deep venous thrombosis) with a specificity higher than 80% for the cut-off value of ≥ 0.5 mm. However, the association between CFV thickness and any organ involvement, disease course or treatment during the prospective follow-up has not been demonstrated so far.

Objectives: This study aimed to assess the longitudinal course and prognostic value of CFV thickness measurement during prospective follow-up BD patients.

Methods: In this prospective study, we included 195 patients with diagnosed BD. The clinical, demographic, treatment data and laboratory were recorded during the routine visit. Bilateral CFV thickness was measured with ultrasonography by an experienced radiologist at the same day. Patients were started to follow up prospectively with 3-6 months intervals and in any urgent visit. In 47 patients, the second CFV thickness measurement was done mean 19.79 (10.10) months after the first visit.

Results: At baseline, 98.6% of patients had increased CFV thickness above the cut-off value of ≥ 0.5 mm. The baseline and last follow-up clinical characteristics were shown in Table 1.

Table 1. The baseline and follow-up clinical characteristics of patients with Behçet's Disease.

	Baseline (n=139)	Last Follow-up (n=139)	Relapses or New Involvement during follow-up
Age mean (SD)	34.85 (8.27)		
Gender F/M ratio	43/96		
Pathergy (positive/negative)	59/44		
Right CFV Wall Thickness mean (SD) mm	0.791 (0.253)		
Left CFV Wall Thickness mean (SD) mm	0.797 (0.207)		
Oral aftous n (%)	134 (95)	134 (95)	13 (9.4)
Genital Ulcer n (%)	84 (60.4)	89 (64.5)	6 (4.3)
Eritema Nodosum n (%)	62 (44.6)	69 (49.6)	9 (6.5)
Arthritis (%)	48 (34.5)	48 (34.5)	10 (7.2)
Major Organ Involvement n (%)	103 (74.1)	110 (78.6)	39 (28.1)
Vascular Involvement n (%)	84 (60.4)	96 (69.1)	35 (25.2)
Deep Venous Thrombosis (%)	61 (43.9)	65 (46.8)	6 (4.3)
Pulmonary thrombosis n (%)	35 (25.2)	52 (37.4)	23 (16.5)
Neuro-Behçet n (%)	14 (9.9)	16 (11.5)	2 (1.4)
Uveitis n (%)	33 (23.7)	40 (28.8)	7 (5)

In 47 patients, the second CFV thickness measurement was done mean 19.79 months after the first visit. There was no statistically significant difference between the first and second CFV venous wall thickness measurements for both right and left of our patients (First vs. second for right CFV: 0.791 mm vs. 0.755, $p=0.264$; first vs. second for left CFV: 0.787 mm vs. 0.753, $p=0.264$). We did not find any change in CFV wall thickness with the treatment, new organ involvement and relapses. 139 of 195 patients had prospective clinical follow-up data with the mean of 26.52 (16.94) months. New major organ involvement or relapse leading to treatment change was seen in 39 (28%) patients. While 22 (15.8%) patients had new major organ involvement, 12 (8.6%) of them were diagnosed with new vascular involvement, seven (5%) with new uveitis. Among 36 patients with only mucocutaneous disease at baseline, new major organ involvement developed in 9 patients during follow-up. These nine patients had had higher baseline CFV thicknesses compared to patients not developing major organ involvement despite not achieving clinical significance

(0.83 mm vs 0.73 mm for right CFV; 0.80 mm vs 0.73 mm for left CFV: $p > 0.05$ for both)

Conclusion: CFV wall thickness measurement with ultrasonography which is a new non-invasive diagnostic tool for BD, does not show a major change over time with treatment, new organ involvement or disease relapses. However, our preliminary results suggest that mucocutaneous BD patients with higher CFV thickness may have a higher risk of developing major organ involvement during follow-up. The results of our prospective cohort with longer follow-up and increased patients' number would clarify the prognostic value of CFV thickness in BD.

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Public health, health services research, and health economics

POS1402

COST-EFFECTIVENESS AND COST-UTILITY OF ADD-ON, LOW-DOSE PREDNISOLONE IN RA PATIENTS AGED 65+: THE PRAGMATIC, MULTICENTER, PLACEBO-CONTROLLED GLORIA TRIAL

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