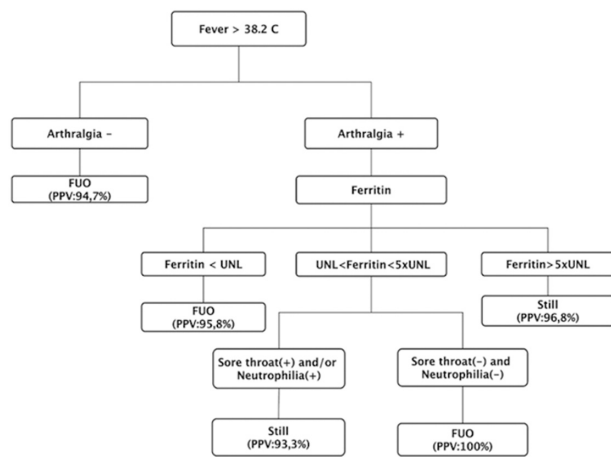


Abstract SAT0608 – Table 1. Results of univariate and multivariate analysis

Variables	Univariate Analysis			Multivariate Analysis		
	Odds Ratio	Confidence Interval	p value	Odds Ratio	Confidence Interval	p value
Favours Still's						
Fever at night	7,66	3,53–16,5	<0001			
Rash	10,08	4,80–21,2	<0001	31,3	3,6–271,9	0002
Arthritis	6,58	3,09–14,01	<0001			
Arthralgia	36	10,46–123,8	<0001	158,1	4,3–5755,8	0006
Sore throat	27,72	11,58–66,33	<0001	20,8	2,8–154,7	0003
Hemophagocytosis	4,79	0,96–23,89	0079			
Neutrophilia	10,87	4,90–24,13	<0001	18,4	2,6–132,3	0004
Ferritin ≥5 x UNL	4,88	2,34–10,16	<0001	132,8	7,1–2502,9	0001
LDH	7,12	2,35–21,59	<0001	6,2	0,76–50,9	0087
C3	3,20	1,47–7,00	0003			
Female	2,90	1,46–5,73	0002			
Favours FUO						
Pleuritis	2,04	0,68–6,12	0,19			
Fever peak number ≥3	3,66	1,16–11,52	0019	69	2,2–2114,4	0015
Lymphadenopathy	3,39	1,72–6,79	<0001			

UNL: Upper normal limit (for ferritin: 336 ng/ml)



Conclusions: Presence of arthralgia, hyperferritinemia, sore throat and neutrophilia strongly favour AOSD in patients presenting as FUO. This study demonstrates a clinician-friendly algorithm for the first time in current literature.

Disclosure of Interest: None declared

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SAT0609 **VENOUS VESSEL WALL THICKNESS IN LOWER EXTREMITY IS INCREASED IN MALE BEHCET'S DISEASE PATIENTS WITH AND WITHOUT VASCULAR INVOLVEMENT**

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Background: Vascular involvement is seen in up to 40% of the patients with Behcet's Disease (BD), especially in young males and is one of the major causes of mortality and morbidity. Lower extremity vein thrombosis due to vascular inflammation is the most frequent form of vascular involvement in BD. Recently, assessment of vessel wall thickness (VWT) and venous dilatation by US is suggested to be valuable in patients with vascular inflammation.

Objectives: In this study, we investigated whether vessel wall thickness or dilatation is present in young male BD patients prone to venous vascular disease.

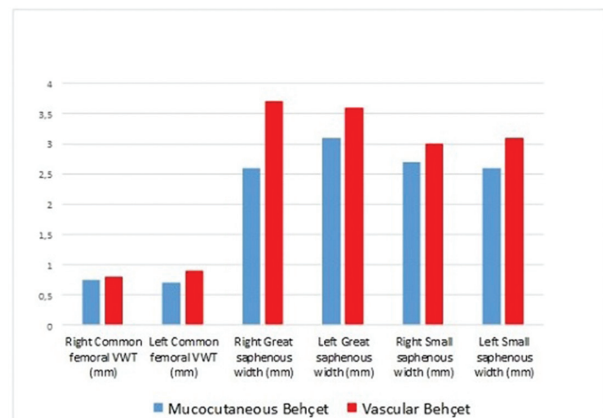
Methods: Thirty male patients with BD without major organ involvement and 29 male patients with Vascular BD (VBD) followed in Marmara University Behcet's Clinics, 24 healthy male controls and 27 male patients with Ankylosing Spondylitis (AS) were included the study. Bilateral lower extremity venous doppler ultrasonography (US) was performed by an experienced radiologist blinded to cases. No patients except VBD were under immunosuppressive treatment. Bilateral common femoral vein (CFV) wall thickness and great/small saphenous vein dilatations were examined. Behcet Syndrome Activity Score (BSAS) was used for the general assessment of disease activity. In 10 patients, CFV wall thickness was measured by 2 different radiologist (RE, RA) in the same day to calculate "inter-observer reliability". Correlation between radiologists was good. (r=0.765, p<0.001).

Results: The mean disease duration was 9.1±6 years in patients with BD. BSAS score was 24±17. All venous measurements were significantly higher in BD compared to AS and healthy controls (p<0.001 for all, table 1). When we compared mucocutaneous BD and VBD, all measurements of patients with VBD were higher than mucocutaneous BD. But only left CFV thickness and width of right great saphenous vein reached the statistical significance (p<0.001, an p=0.028, respectively, figure 1). There were no correlations between BSAS, acute phase reactants and venous wall measurements.

Abstract SAT0609 – Table 1. Venous wall measurements of lower extremity in study groups.

	Behcet's Disease (n=59)	Ankylosing Spondylitis (n=27)	Healthy Controls (n=24)	P Value
Age, years	32.5 (23–42)	32 (20–37)	27.5 (25–42)	0.023
Body Mass Index (kg/m2)	25.1 (18–33)	25 (18–32)	23.8 (20–29)	0.213
Right Common femoral VWT (mm)	0.8 (0.04–1.8)	0.3 (0.1–0.6)	0.25 (0.06–0.4)	<0.001
Left Common femoral VWT (mm)	0.8 (0.3–1.6)	0.3 (0.1–0.5)	0.2 (0.04–0.6)	<0.001
Right Great saphenous width (mm)	3.1 (0–6.4)	2.5 (1.1–3.5)	2.1 (1.3–3.5)	<0.001
Left Great saphenous width (mm)	3.1 (0–7.4)	2.6 (0.3–4.8)	2.4 (1.6–3.6)	<0.001
Right Small saphenous width (mm)	2.8 (0–5.3)	1.7 (1–3.1)	1.4 (0.9–3.7)	<0.001
Left Small saphenous width (mm)	2.7 (0–5.2)	1.8 (1.1–3.4)	1.6 (0.8–3.6)	<0.001

VWT: Venous wall thickness



Abstract SAT0609 – Figure 1. Venous Vessel Assessments of patients with Mucocutaneous Behcet and Vascular Behcet

Conclusions: In our study, an increased venous vessel wall thickness in lower extremity was shown in male BD patients with or without vascular involvement. As a similar change was not observed in controls, we think, increased VWT might be an early sign of venous inflammation in patients with BD rather than a result of non-specific systemic inflammation.

Disclosure of Interest: None declared

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SAT0610 **A DECLINING TREND IN FREQUENCY OF SECONDARY AMYLOIDOSIS IN BEHCET'S SYNDROME**

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Background: A decline in the frequency of AA amyloidosis secondary to rheumatoid arthritis and infectious diseases has been reported. This is probably due to more effective treatment strategies. We had previously reported that although amyloidosis occurs in less than 0.5% of BS patients, it is one of the leading causes of death.^{1–3} We had an impression that the frequency of amyloidosis is decreasing among our patients with BS.

Objectives: We aimed to determine the change in the frequency of AA amyloidosis over years in BS pts in addition to elaborating on clinical characteristics and outcomes.