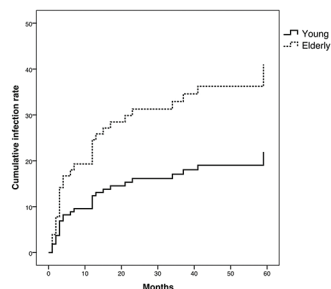


ANCA status (MPO-ANCA+ versus PR3-ANCA+), did not change these results. Despite similar immunosuppressive therapy approaches and relapse rates, elderly patients had a higher rate of severe infections compared to younger patients (OR 2.1, 95% CIs: 1.1-4.4, $p=0.043$; Figure below).



Abstract THU0290 – Figure 1

Conclusion: Our findings indicate that elderly patients had higher susceptibility to morbidity related to vasculitis or its treatment than younger patients, particularly to worst renal function recovery and higher infection rate.

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THU0291 THE CHARACTERISTICS OF PEDIATRIC BEHÇET'S DISEASE IN TURKEY VERSUS ISRAEL

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Background: Behçet's disease (BD) is a variable vessel vasculitis affecting all sizes of vasculature in both the arterial and venous systems. Children with BD comprises 3-24% of all BD patients.

Objectives: To compare the demographics, presentation, clinical manifestations, disease activity, and treatment in pediatric Behçet's disease in Turkey versus Israel.

Methods: Three centers from Turkey and two centers from Israel participated in this study. The diagnosis of BD was before 16 years of age and based on expert opinion at each center. BD current activity form (BDCAF) was used for assessing disease activity.

Results: A total of 205 patients were included (165 from Turkey; 40 from Israel). HLA-B51 positivity (68.3% vs 46.2%, $p=0.028$), male gender (52.1% vs 30%, $p=0.012$), and skin involvement (especially necrotic

folliculitis) (55.2% vs 22.5%, $p<0.001$) were more frequent among patients from Turkey compared to the ones from Israel. The first disease-related symptom was oral aphthosis in both groups followed by genital aphthosis and arthralgia/arthritis in patients from Turkey and Israel, respectively. The median BDCAF values were worse at the first visit for patients from Turkey than those from Israel (4 vs 2, $p<0.001$). The most commonly prescribed drug was colchicine in the whole group (96.6%). Significantly more patients were treated with corticosteroids (50% vs 28.5%, $p=0.006$), methotrexate (17.5% vs 3%, $p=0.002$), infliximab (10% vs 1.8%, $p=0.026$), and nonsteroidal anti-inflammatory drugs (12.5% vs 1.8%, $p=0.007$) in Israel than Turkey. For the classification of BD in the whole group, ICBD criteria had the highest sensitivity (73.2%) followed by PED-BD (pediatric BD) (47.8%) and ISG (The International Study Group) (42%) criteria sets.

Abstract THU291 – Table 1. The characteristics of children with Behçet's disease

Characteristics, n (%)	All patients (n=205)	Patients from Turkey (n=165)	Patients from Israel (n=40)	P value
Male	98 (47.8)	86 (52.1)	12 (30)	0.012
Age at symptom onset, months, median (min-max)	133 (12-191)	132 (12-191)	134 (12-190)	1
Age at diagnosis, months, median (min-max)	156 (48-191)	156 (48-191)	153 (55-191)	0.96
Oral aphthosis	204 (99.5)	165 (100)	39 (97.5)	0.195
Genital aphthosis	134 (65.4)	107 (64.8)	27 (67.5)	0.75
Skin involvement	100 (48.8)	91 (55.2)	9 (22.5)	<0.001
Eye involvement	29 (14.1)	22 (13.3)	7 (17.5)	0.49
Neurologic involvement	30 (14.6)	26 (15.8)	4 (10)	0.35
Vascular involvement	22 (10.7)	19 (11.5)	3 (7.5)	0.77
Pathergy positivity	45/167 (26.9)	42/154 (27.3)	3/13 (23.1)	1
HLA-B51 positivity	122/187 (65.2)	110/161 (68.3)	12/26 (46.2)	0.028
BDCAF at first visit	3 (0-15)	4 (1-15)	2 (0-5)	<0.001
BDCAF at last visit	1 (0-13)	1 (0-13)	1 (0-4)	0.15

Conclusion: This is the largest cohort of pediatric BD reported to date. The disease manifestations and disease activity significantly differ among pediatric BD patients from Turkey and Israel which emphasizes the effect of the ethnicity on disease phenotype.

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THU0292 EXTRACRANIAL VESSEL INVOLVEMENT IN PATIENTS WITH GIANT CELL ARTERITIS

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Background: Giant cell arteritis (GCA) is a large vessel vasculitis with a predisposition for the cranial branches of the external carotid artery. However, aorta and/or its main branches may also be involved.