Methods
valence and clinical significance of autoimmune thyroid disease in CP.
the iliac arteries. CP is believed to have an autoimmune aetiology.

Introduction

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Chronic periaortitis and autoimmune thyroiditis: a series and literature review

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Introduction. – Takayasu arteritis (TA) is a rare large vessel vasculitis, characterized by a chronic course with disease relapse. The aim of this study is to analyze the efficacy and the tolerance of the anti-interleukin-6 receptor monoclonal antibody, tocilizumab, in patients with TA.

Methods. – We retrospectively studied patients with TA (ACR and/or Ishikawa’s criteria): five French multicenter cases and nine from the literature. Clinical, biological, radiological disease activity and treatment were analyzed before tocilizumab, during the follow-up and at the last available visit.

Results. – Fourteen patients with TA (age 40 years [23–47], 12 women) were included. At initiation of tocilizumab therapy, 12 patients were treated with corticosteroids (prednisone; median dose 23 mg/day [10–34]), methotrexate (n = 9), azathioprine (n = 6) or infliximab (n = 5). Tocilizumab was used at 8 mg/kg every 4 weeks with 6 cures [5–8] and median follow-up of 9 month [7–14]. Overall response as evaluated by the physician was noted in 10/10 cases (100%), 9/11 cases (82%) and 6/9 cases (67%) at 3, 6 month and the last visit, respectively. Clinical and biological activities were significantly decreased within 3 months (P < 0.05), as was the prednisone dose (from 23 mg/day [11–34] at baseline to 10 mg/day [6–11] at 6 months; P = 0.06). PET FDG uptake was present in 9/9 cases at baseline with SUVmax 3.8 [2–5], and persisted in only 2/9 patients at 6 months under tocilizumab. No patient was still steroid-dependent at 12 months (vs. seven cases before tocilizumab) (P < 0.05). At the last visit, tocilizumab was continued in seven patients (50%), and was discontinued in the other seven patients because of the remission (n = 5), relapse (n = 1) and the absence of tocilizumab financing (n = 1). No death related to tocilizumab treatment was noted (Supplementary data: figure S1).

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Tocilizumab in refractory Takayasu arteritis: Case series and literature review

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Methods. – We retrospectively studied patients with TA (ACR and/or Ishikawa’s criteria): five French multicenter cases and nine from the literature. Clinical, biological, radiological disease activity and treatment were analyzed before tocilizumab, during the follow-up and at the last available visit.

Results. – Sixteen CP patients (24%) and seven controls (10%) had positive anti-TPO antibodies (P = 0.039); 21 patients (32%) and 8 controls (11%) were positive for either anti-TPO or anti-Tg antibodies (P = 0.006). Ultrasound revealed a chronic thyroiditis pattern (inhomogeneous, hypoechoid gland) in 45 patients (68%) and 23 controls (32%) (P < 0.001). At the first evaluation, 11 CP patients (17%) and four controls (6%) were taking L-tiroxine for hypothyroidism. During the follow-up (median 45 months, range 3–72), five additional CP patients developed hypothyroidism requiring hormonal replacement therapy. During the whole follow-up, the prevalence of hypothyroidism requiring hormonal replacement therapy in our CP cohort was 24% (16/66 patients).

Conclusion. – This is the first large-scale study to show an association between CP and autoimmune thyroiditis, thus suggesting that these conditions have a common autoimmune background. A high proportion of patients with CP develop autoimmune hypothyroidism.

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Conclusion. This study confirms the interest of tocilizumab in terms of clinical, biological and radiological response, as well as steroid-sparing agent in Takayasu arteritis.

Further readings

Results
Twenty-four patients had a confirmed diagnosis by temporal biopsy. All patients (27) received treatment with prednisone, except one (deflazacort). We classified the patients in two groups: patients with side effects and patients without side effects. We didn’t find any differences in mean age (74.8 years vs 75.5 years) and sex (predominance of females) between both groups. The average initial dose of GCs (mg per day) was higher in the comorbidity group (62.67 mg vs 54.17 mg). Nine patients suffered two or more comorbidities. Main adverse event was infection (seven patients), osteopenia or bone fractures (five patients) and hypertension (three patients). Five patients had two or more types of infection and viral type was the most frequent (eight patients). All patients with GCs adverse effect had received treatment during more than 1 year compared to only five patients without side effects that received prolonged treatment. We observed more number of patients with relapses in the comorbidity group (60% vs 38.46%).

Discussion
In our study, we observed that more than a half of our patients associated adverse events. The patients in GCs adverse events group received higher initial dose of GCs, for a longer duration of therapy and suffered more frequently relapses. Viral infections are the most relevant adverse event.

Conclusion
Clinicians must be aware of potential side effects of long therapy with GCs in GCA patients specially infections. Further research is needed to find more effective with less side effects to treat GCA.

Further readings

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Leflunomide as a corticosteroid-sparing agent in giant cell arteritis (GCA) and polymyalgia rheumatica (PMR): A consecutive case series
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Introduction. GCA and PMR are affecting individuals older than 50 years and corticosteroids are the mainstay of treatment. Azathioprine and methotrexate have shown little and moderate efficacy respectively...