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Asymptomatic myocardial ischemic disease in Takayasu’s arteritis: Detection by magnetic resonance imaging

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Introduction.— Takayasu’s arteritis (TA) may affect myocardium and caused coronary stenosis. The aim of this study was to assess the prevalence and pattern of myocardial disease in patients with TA, using late gadolinium enhancement (LGE) of cardiac magnetic resonance imaging (CMR).

Methods.— Twenty-seven consecutive patients with TA and 80 age and sex matched controls without known cardiovascular disease underwent CMRI. The prevalence of myocardial ischemic disease, as revealed by LGE, was compared between patients with TA and controls, and factors associated with myocardial disease were identified in patients with TA.

Results.— Myocardial ischemic disease, as characterized by LGE on CMRI, was present in six (22.2%) of 27 patients with TA, and imaging with LGE showed a typical pattern of myocardial infarction (MI) in five patients (18.5%). Although both patients with TA and control subjects shared a similar risk of cardiovascular events, as calculated with the Framingham risk equation (median [IQR] 5 [2 – 8] % and 5 [3 – 9.5] %, respectively, for the absolute risk within the next 10 years; \( P = 0.219 \)), the prevalence of myocardial ischemia was more than 4 times higher in patients with TA (\( P = 0.016 \) versus controls). No association was found between myocardial disease in patients with TA and cardiovascular atherosclerotic risk factors. The presence of myocardial scarring tended to be more closely associated with specific features of TA, such as renovascular hypertension, older age at the onset of TA symptoms, male gender, aneurysmal dilatation, and numano type V.

Conclusion.— The finding of a significant and unexpectedly high prevalence of occult myocardial scarring in patients with TA indicates the usefulness of CMRI with LGE for the identification of occult myocardial disease in such patients.

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Systemic large vessel vasculitis pattern in chronic periaortitis: Identification of a new disease subset

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Introduction.— Chronic periaortitis (CP) is characterised by a fibroinflammatory tissue arising from the adventitia of the abdominal aorta and the iliac arteries and spreading into the surrounding retroperitoneum. CP is thought to have an autoimmune origin and to arise as a primary aortitis. Involvement of the thoracic aorta and its main branches has been anecdotally described. We analysed frequency and pattern of involvement of the large thoracic arteries in CP patients.

Methods.— We studied 77 consecutive CP patients who had appropriate imaging studies to evaluate thoracic vessel involvement (chest contrast-enhanced CT/MRI, angio-CT/MRI, whole-body CT-PET). All patients underwent routine clinical assessment and laboratory tests.

Results.— Twenty-eight patients (36.4%) showed thoracic vessel involvement: 21 had thoracic periaortitis, which surrounded an aneurysmal thoracic aorta in six cases and also involved the origin of the epiaortic vessels in nine cases; seven patients had thoracic aortic aneurysm without periaortitis. Analysis of demographic and clinical features in the groups with and without thoracic involvement showed, in the former, a higher female prevalence (M/F ratio 14/14 vs 39/10, \( P = 0.010 \)), a more advanced age at diagnosis [median (interquartile range) 64.5 (58.3–69.5) vs 56.0 (50–59) years, \( P = 0.001 \)], a higher frequency of constitutional symptoms (86% vs. 59%, \( P = 0.021 \)), and a shorter relapse-free survival (log-rank \( P = 0.051 \)).

Conclusion.— Involvement of large thoracic arteries occurs in about one-third of CP patients. This subset of patients with systemic large vessel involvement shows distinct clinical features, such as a higher female prevalence, a higher age at diagnosis, and a higher frequency of systemic symptoms; in addition, patients with thoracic involvement tend to have a frequently relapsing course. These findings raise the question as to whether this CP subset represents a distinct form of large-vessel vasculitis.

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A single centre experience of 40 children with Takayasu arteritis from India

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Introduction.— Takayasu Arteritis (TA) is one of the rarest diseases in children, but is associated with significant morbidity. We aimed to study clinical profile & outcome of children with TA.

Methods.— Hospital records of children fulfilling ACR 1990 criteria for TA, age of disease onset ≤ 16 years, were studied. Disease Assessment Index.TA (DEITAK), Indian Takayasu Arteritis Score (ITAS) and Takayasu Arteritis Damage Score (TADS) were calculated using clinical information. Stable disease was defined as ITAS of ≤ 1 with normal inflammatory markers and/or no new area of involvement or significant in-stent re-stenosis.

Results.— Forty children with median age of 12.4 (2–18) years, age of onset at 11.7 (1–16) years, duration of symptoms of 11.3 (1–60) months & follow up duration of 13 (0–192) months were studied. Male to female ratio was 14:26. Baseline DEITAK score was 10.8 (3–24). Type 5 disease was commonest (52.5%) followed by type 4 (25%), 2 (10%), 3 (7.5%) & 2 (5%). Renal arteries (21.3%), subclavian (16.3%) and abdominal aorta (13.5%) were most commonly involved. Aneurysms, stenosis and occlusions noted in 3, 29% at 1, 2, 3 & 5 years respectively. Relapse free survival was 79%, 45%, 39% & 29% at 1, 2, 3 & 5 years respectively. Angiography revealed new areas of involvement in 11 patients. Only one patient died due to septicemia but damage accrued was high with median TADS of 8 (3–23) at last visit. Majority was treated with steroids & mycophenolate: 17; azathioprine: