**P102**

**Rapid control of disease activity by Tocilizumab in ten “difficult-to-treat” cases of Takayasu arteritis**

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**Introduction.**—Interleukin 6 (IL-6) has emerged as a key cytokine in the pathogenesis of TA and its serum levels have been shown to correlate well with disease activity [1]. We aimed to assess outcome of ten TA patients treated with Tocilizumab, sIL6R blocker in our center.

**Methods.**—Records of ten patients with TA on monthly Tocilizumab infusions were studied. Details regarding demography, medications, investigations, angiography and outcome were noted.

**Results.**—In total, ten patients were studied with median age of 24.5 (13–53) years, median disease duration of 25.5 (1.5–60) months and Indian Takayasu Arteritis Score (ITAS) of 4.5 (0–13). Nine of them had received six doses and 1 patient had taken five doses of Tocilizumab. All patients had active disease with ITAS of ≥ 1 and/or angiographically active IA in spite of treatment with adequate immunosuppression for 27 (1.5–60) months.

Tocilizumab led to a clinical response with ITAS of 0 and reduction in inflammatory markers in 100% patients by 4th infusion. Six patients (60%) maintained clinical response with radiologically stable disease and normal acute phase reactants at last infusion. Three patients with normal acute phase reactants (APR) at last infusion were refractory to Tocilizumab at last infusion, in contrast to 86% (6/7) responders in those with baseline high APR. Tocilizumab facilitated rapid reduction in steroid dose from 24 ± 15 to 5.4 ± 4.9 mg/day (p = 0.003) in this cohort. One patient with good response till the last infusion flared 6 months after discontinuation of Tocilizumab. Only minor adverse events reported were: one patient each with transient skin rash, transient transaminitis, uncomplicated urinary tract infection and upper respiratory tract infection. There was no major adverse event or fatality.

**Discussion.**—Ours is the largest series of Tocilizumab therapy in TA.

**Conclusion.**—Tocilizumab may be an effective steroid sparing option for rapid control of refractory disease activity in patients of Takayasu arteritis with elevated levels of acute phase reactants.

**Reference**


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**P104**

**Tocilizumab in refractory Takayasu arteritis: Case 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).

**P103**

**Chronic periaortitis and autoimmune thyroiditis: A novel association**


**Introduction.**—Chronic periaortitis (CP) is a rare disorder characterized by a fibro-inflammatory tissue that surrounds the abdominal aorta and the iliac arteries. CP is believed to have an autoimmune aetiology. Anecdotal case reports have also described an association with autoimmune thyroiditis. The aim of this study was to investigate the prevalence and clinical significance of autoimmune thyroid disease in CP.

**Methods.**—We enrolled 66 consecutive patients with new-onset CP, diagnosed at or referred to our Department from all over Italy between 2005 and 2011; 71 subjects recruited from the general population and matched with CP patients for age, sex and geographic origin (North, Centre and South of Italy) served as controls. All the study subjects underwent thyroid ultrasound and measurement of serum TSH, FT3, FT4 and anti-thyroglobulin (anti-Tg) and anti-thyroid peroxidase (anti-TPO) antibodies.

**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 (homo- or hypoechogenic, hypoechoic 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-thyroxine 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

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P105 Study of side effects of glucocorticoid treatment in 28 patients with giant cell arteritis (GCA)

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Introduction. Glucocorticoids (GCs) are the drug of choice in the treatment of GCA but are associated with a > 50% rate of serious side effects.

Methods. We reviewed retrospectively 28 patients diagnosed with GCA that received only treatment with GCs during the period of 1987–2012. We analyzed dose, time of therapy and main complications of GCs treatment after diagnosis (onset or worsening of diabetes and hypertension, osteopenia or bone fractures and infections).

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 15 patients (53.57%) with side effects and 13 (46.43%) 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 (ten patients) followed by diabetes (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 compare 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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P106 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.

Supplementary data associated with this article can be found on the website of La Presse Médicale (http://www.em-consulte.com/revue/lpm).