6; Tocilizumab: 3; methotrexate: 2 & endovascular interventions when required (figure 1).

Discussion.– This is the first objective study using well instruments to evaluate pediatric TA.

Conclusion.– TA in children needs a close follow up due to high relapse rates & requires aggressive immunsuppression.

P112
IgG4 in chronic periaortitis
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Introduction.– Chronic periaortitis (CP) is a rare disease characterised by a fibro-inflammatory tissue surrounding the abdominal aorta and the iliac arteries. It has been reported that about 50% of CP belong to the spectrum of IgG4-related disease; CP with high IgG4 levels seems to occur almost exclusively in men and to have more frequent extra-retroperitoneal manifestations. The diagnostic role of IgG4 in CP is unknown. The aim of this study was to explore the clinical significance and diagnostic reliability of IgG4 in CP.

Methods.– Total IgG, IgA, IgM, IgG1, IgG2, IgG3, IgG4 levels were measured in 66 consecutive patients with active CP, 51 healthy controls, and 58 disease controls (36 with retroperitoneal neoplasms and 22 with active abdominal aortitis secondary to large vessel vasculitis). Normal IgG4 serum levels were 8–140 mg/dL.

Results.– High IgG4 (> 140 mg/dL) levels were found in 14 CP patients (21%). Demographic characteristics and clinical features were similar between the IgG4-related and IgG4-unrelated cases; there was no difference in gender distribution (78% vs. 61% were male, P = 0.478) or age [median, interquartile range (IQR), 57 (52–63) vs 57.5 years (52–63)]. Of the nine patients with extra-retroperitoneal involvement, only 3 (33%) had high IgG4 levels. The two groups did not differ in CP localisation, prevalence of acute renal failure or thoracic aorta involvement.

High IgG4 levels were found in three healthy (5.8%), two neoplastic (5.5%), and two (9%) aortitis patients. The median (IQR) IgG4 levels was 46 mg/dL (26–122.8) in CP vs 35 (14.4–69.5) in healthy controls (P = 0.048), 40 mg/dL in neoplastic controls (17.5–68.8) (P = 0.14) and 30.5 mg/dL (12.3–63) in aortitis patients (P = 0.14). The area under the ROC curve (IgG4 in CP vs in all control subjects) was 0.597 (95% CI 0.509–0.685).

Conclusion.– Only ~20% CP patients have high IgG4 levels. IgG4 do not seem to discriminate different CP subsets and its diagnostic reliability for CP is low.

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P113
Takayasu arteritis (TA) and sacroiliitis. A large vessels vasculitis masquerade from anti-TNF alpha therapy
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Introduction.– A 22-year-old woman was admitted to our hospital for inflammatory back pain, abdominal pain and fatigue during the last two years with leucocytosis microcytic anemia elevated platelet count hypergammaglobulinemia and elevated CRP.

Methods.– A MRI diagnosed axial spondiloarthritis. Adalimumab 40 mg every two week was started with a good response. Six months later she developed a reduction in left radial pulse associated with numbness of the left hand. Doppler echocardiography showed severe aortic failure with ascendental aortic dilatation and LVD with EF of 45%. A US detected a significative left subclavian, left external carotid and vertebral steiosis and aneurismatic dilatation of right subclavian confirmed at MRA.

Results.– TA with sacroiliitis was diagnosed. PET was negative for active lesions so aortic valve and ascending aortic replacement was performed. The patient is alive and well.

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P114
ITAS.A suggests persistent disease activity in Takayasu aorto-arteritis (TA) after induction therapy
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Introduction.– The original Indian Takayasu Activity Index (ITAS2010) was developed as clinical disease activity tool. In active disease, the score was high. Acute phase resone (ESR or CRP) was added to the Indian Takayasu Activity Index (ITAS2010), by a score of 0 to 3 and ITAS.A was compared to ITAS in response to therapy at two centres.