system could be useful to guide treatment, further prospective studies are needed.

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

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**P129**

**Aortitis evidenced by PET-CT 18FDG in the setting of ANCA-associated vasculitis: About four cases**

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**Introduction.**—We have previously reported an atypical case of anti-MPO ANCA-associated vasculitis (AAV) presenting with aortitis evidenced by PET 18FDG [1]. The presumptive diagnosis was an overlap between granulomatosis with polyangiitis (GPA) and Takayasu’s arteritis and we discussed the significance of the occurrence of aortitis in GPA. Besides, a recent cluster analysis of 673 patients with AAV introduced the concept of different phenotypes of AAV, one of them being “cardiovascular AAV”, representing 9% of cases [2].

**Methods.**—We reviewed all PET-CT 18FDG performed in patients with AAV followed in our hospital in order to detect aortic and/or large vessels hypermetabolism. Hypermetabolic activity in other organs was also systematically reviewed. For each patient, we looked for the antigenic specificity of ANCA, the presence of cardiovascular clinical events and recorded the final diagnosis according to classification of AAV.

**Results.**—Thirty-three exams were performed in 14 patients, four of these patients (29%) presented aortic hypermetabolism. No patient experienced one of the cardiovascular events listed in the Birmingham Vasculitis Activity Score (version 3). Most of the patients presented atypical features of AAV (Supplementary data).

**Conclusion.**—This small series suggests that the occurrence of aortitis in the setting of AAV may be underestimated and deserves to be evaluated by the mean of PET-CT in larger cohorts. Although these imaging findings are not associated with obvious cardiovascular symptoms, we believe that they support the recent concept of “cardiovascular AAV”.

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

**References**


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**P130**

**The informational needs of patients with ANCA-vasculitis – a multinational study**

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**Introduction.**—ANCA-associated vasculitis (AAV) is a rare, complex, often relapsing, multisystem disease. Patients with AAV often seek information about their disease.

The aim of the study was to compare the informational needs of British, North American, and European patients.

**Methods.**—We developed a vasculitis informational needs questionnaire (VINQ). Patients rated the importance of various aspects of information using 33 questions relating to five domains (symptoms, investigations, treatment, physical, psychological) on a 5-point Likert scale (1 = unimportant, 5 = extremely important). The preferred mode of information delivery was also rated. The VINQ was distributed to members of Vasculitis UK (VUK) by regular mail, and to patient registrants of the Vasculitis Clinical Research Consortium (VCRC) via the internet.

**Results.**—There were 314 VUK 273 VCRC respondents. Demography is given in the table. Respondents rated information on diagnosis, prognosis, diagnostic tests, treatment, and side effects as extremely important (table 1). Information on patient support groups and psychosocial care was less important. There was no difference in the ratings of needs based on group (VUK or VCRC), sex, age, disease duration, or disease subtype. The most preferred methods of providing information for both groups was by a doctor (with or without written material) or by the internet; educational courses and CD/DVD were the least preferred methods.

**Table I**

<table>
<thead>
<tr>
<th>Study Group Characteristics</th>
<th>All subjects</th>
<th>VUK</th>
<th>VCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Size</td>
<td>587</td>
<td>314</td>
<td>273</td>
</tr>
<tr>
<td>Age: median (range)</td>
<td>68 (51–67)</td>
<td>63 (52–70)</td>
<td>58 (49–54)</td>
</tr>
<tr>
<td>Women n (%)</td>
<td>300 (32)</td>
<td>116 (37)</td>
<td>184 (67)</td>
</tr>
<tr>
<td>GPA n (%)</td>
<td>448 (76)</td>
<td>255 (61)</td>
<td>193 (71)</td>
</tr>
<tr>
<td>MPA n (%)</td>
<td>34 (6)</td>
<td>13 (4)</td>
<td>21 (8)</td>
</tr>
<tr>
<td>EGPA n (%)</td>
<td>105 (16)</td>
<td>46 (15)</td>
<td>59 (22)</td>
</tr>
</tbody>
</table>

**Ratings of Informational Elements**

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>VUK</th>
<th>VCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis (pre prognosis)</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Investigations (type +results)</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Treatments (inc side effects)</td>
<td>4.5</td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>3.6</td>
<td>3.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Patient support groups</td>
<td>3.9</td>
<td>3.8</td>
<td>3.9</td>
</tr>
<tr>
<td>Psychological care</td>
<td>3.1</td>
<td>3.1</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Discussion.-- Patient education should be targeted to provide, as quickly as possible, reliable information on the diagnosis, clinical treatment, and outcomes. There do not appear to be any differences in informational needs between UK and North American patients, suggesting that the needs reflect disease requirements more than cultural differences or the two methods of surveying the patients.

Conclusion.-- This study highlights the high informational needs of patients with AAV and that patients prefer education on a one-to-one basis with a doctor.

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P131
Proposal of an algorithm for the diagnosis and aetiologic identification of diffuse alveolar haemorrhage (DAH)

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Introduction.-- One of the major causes of mortality in some small-vessel vasculitides (SVV) is DAH. Indeed, SVV are often the main cause. However, DAH may be secondary to other pathologies like infections, blood dyscrasias, haemodynamic disorders, other autoimmune diseases, neoplastic, idiopathic, etc. Interestingly, no defined and validated algorithm to establish its presence and causes exists. Our purpose is to propose an algorithm for the diagnosis and aetiological identification of DAH.

Methods.-- Based on literature review, a systematic search was done of all articles (PubMed) in English, Spanish, German and French, plus abstracts in English with the terms “alveolar hemorrhage”, “diffuse alveolar hemorrhage”, “lung hemorrhage”, “diffuse lung hemorrhage”, “diagnosis” and “algorithm” in the last 10 years. The search was limited to adult population. Selection of articles to be evaluated was agreed after discussion by at least three authors.

Results.-- Forty-four articles were identified. Two included information relevant to the purpose of study. With it, plus data from the other published studies, a proposed algorithm is presented in the figure (Supplementary data). On the left side, procedures to confirm DAH are presented, and on the right, those tending to disclose the cause. Approximate times for the algorithm implementation and results retrieval are offered.

Discussion.-- No consensus or validated diagnostic approach for DAH exist. In our setting, previous experience has been published for DAH in the context of SLE [1], which allowed for reduction of mortality by 50%. A systematic approach, at least in our environment, would be important to optimise the work-up of DAH and avoid delay regarding its diagnosis and cause.

Conclusion.-- We offer an algorithm for studying DAH which needs prospective validation. Its implementation may reduce mortality of this life-threatening condition by identifying the cause of DAH and installing timely treatment.

Reference
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P132
Validation of the Birmingham Vasculitis activity score (BVAS) and the Vasculitis Damage Index (VDI) in a population of patients with ANCA-associated vasculitis (AASV) in Mexico

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Introduction.-- BVAS and VDI are validated tools for evaluation of activity and damage in the vasculitides. Transcultural adaptation is recognised as important for optimal application. After translation into Spanish for Mexico, reliability, reproducibility, validity and responsiveness were tested.

Methods.-- Longitudinal study in which diagnosis of the 3 AASV were made according to the 1990 ACR criteria and/or 2012 Chapel Hill nomenclature, supported by the EMEA algorithm. Patients with doubtful diagnosis, other autoimmune diseases, or lost follow-up were excluded. Transcultural adaptation included translation, back translation and review by a committee for the purpose. Internal consistency (with Cronbach’s alpha for BVAS), reproducibility (Spearman’s correlation on 40 stable patients) and responsiveness (Wilcoxon’s in two groups, one with improvement after treatment and the other on relapsing patients) were done.

Results.-- Sixty-seven patients were included (June-November 2012); 41 females, 26 males; GPA-49, MPA-12, EGPA-6; 15 improved, six relapsed, 46 stable. BVAS results: internal consistency: 0.813; reproducibility: same numbers were obtained at both evaluations, with mean ± SD of 0.06 ± 0.26 (P = 1); responsiveness: for those who improved mean ± SD at time 1 4.2 ± 2.6 and at time 2, 0.9 ± 1.3, Wilcoxon’s Z value -3.4 (P = 0.001); for relapsing patients at time 1 mean ± SD of 0 (both) and time 2 2.5 ± 1.5, Z value -2.2 (P = 0.02). VDI results: reproducibility: mean ± SD at both 2.2 ± 1.5 (P = 1); responsiveness: for those without further damage, mean ± SD 1.9 ± 1.4 at both times, and for six patients with further damage after 6 months, mean ± SD at time 1 were 1.8 ± 1.6 and 2.1 ± 1.7 for Z = 0.02); for those with further damage, mean ± SD at both 2.2 ± 1.5 (P = 1); responsiveness: for those without further damage, mean ± SD 1.9 ± 1.4 at both times, and for six patients with further damage after 6 months, mean ± SD at time 1 were 1.8 ± 1.6 and 2.1 ± 1.7 for Z = 0.02).

Discussion.-- A larger number of patients with larger follow-up is needed to confirm our initial results, especially regarding VDI.

Conclusion.-- BVAS and VDI translations showed good performance and reliability when applied to our patients. They can be used in Mexico and possibly other Spanish-speaking countries, as they are comparable to the original instruments.

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P133
Illness perceptions and fatigue in systemic vasculitis

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