achieved complete remission and repeated negative ANA. After 2 years he stopped treatment.

Results. In 2011, he was admitted to the hospital in shock, with abdominal pain and fever. ANCA (+), ANA (+). Abdomen CT angiography showed liver hematoma and multiple aneurysms of the hepatic artery. Successful emergency embolization was performed. Evolution was favorable under induction with 3 g i.v. MTP, PDN and 6 pulses of 1 g CYC monthly.

Discussion. This case illustrates the difficulties of diagnosing and treating PAN. Presentation as FUO has been described, with diagnosis based on recognition of vascular changes. We hypothesized that the perivascular infiltrate findings in liver biopsy could be a preliminary asymptomatic phase of PAN, which to our knowledge has not been previously reported. The intra-hepatic aneurysm rupture is a rare and life threatening complication, which was successfully managed in this case.

http://dx.doi.org/10.1016/j.lpm.2013.02.218

P148 Clinical characteristics of ANCA associated vasculitis in hispanic patients: Single centre experience in Chile

M. Cisternas 1, M.J. Lira 2, F. Silva 1

1. Pontificia Universidad Católica de Chile, Clínica y Reumatología, Departamento de Inmunología, Santiago, Chile
2. Pontificia Universidad Católica de Chile, Escuela de Enfermería, Santiago, Chile

Introduction. ANCA associated vasculitis (AAV) is a group of severe diseases affecting multiple organs and requiring potent immunosuppressant therapy. Little data exists on clinical manifestations and complications in Hispanics from developing countries. Our aim is to describe clinical features and the most frequent complications of AAV in a Chilean cohort of patients.

Methods. Retrospective review of electronic medical records of all consecutive cases hospitalized from 2006 to 2012 at Hospital Clínico P. Universidad Católica de Chile. Patients were included according to ACR and Chapel Hill criteria. A pre-designed written form was used to abstract data from hospital and follow-up records, laboratory tests and histological reports. Values were expressed as median (range).

Results. A total of 79 patients were included; age 62 yr (26–89), 66% female. The diagnoses were: GPA (52%), MPA (42%), renal limited disease (4%) and EGPA (2%). Reasons for hospitalization were disease onset (55%), disease relapse (17%) and other reasons (28%). Median follow-up since hospitalization to last available control was 21 months (0–78). At disease onset, the main clinical features were: constitutive symptoms (66%), pulmonary (33%), renal involvement (25%), upper airway (25%). At follow up the main clinical features were: constitutive symptoms (34%), pulmonary (29%), upper airway (16%) and renal involvement (9%). During first hospitalization, 5 patients died (6%). Reasons for hospitalization were disease onset (55%), disease relapse (17%) and other reasons (28%). Median follow-up since hospitalization to last available control was 21 months (0–78).

Conclusion. The clinical features of our patients are similar to other published data. In our AAV patients, the main organ systems affected were lung, upper airway and kidney, with intra hospital mortality according to the literature.

http://dx.doi.org/10.1016/j.lpm.2013.02.219

P149 Long-term outcomes of patients with Reversible Cerebral Vasconstriction Syndrome (RCVS)

S. John, L. Calabrese, K. Uchino, S. Tepper, M. Stillman, R. Hajj-Ali
Cleveland Clinic Foundation, Cleveland, USA

Introduction. RCVS is characterized by acute onset of severe headaches, with or without neurologic deficit with evidence of reversible cerebral vasconstriction. Natural history and long term outcome of RCVS has not been thoroughly investigated.

Objectives. To assess long term neurologic outcome of patients with RCVS using validated outcome measures for stroke and headache; To determine the impact of RCVS on patient’s health related quality of life (QoL).

Methods. Prospective cohort analysis of patients recruited from the RCVS registry was conducted. Validated questionnaires were mailed to the patients. The forms included: Headache screening form, Headache Impact Test-6 (HIT-6), Migraine Disability Assessment Test (MIDAS), Barthel index (BI), Patient Health Questionnaire (PHQ-9) and EuroQoL (EQ-5D-5L).

Results. From a total of 57 patients, three refused, 26 were lost to follow-up, eight never replied and 20 participated. Median follow-up time was 91.5 months (range 10–254). Of the 20 patients (90% female), 19 (95%) presented with thunderclap headache and had ischemic stroke (50%), subarachnoid (45%) or intracerebral (15%) hemorrhage. Eleven (55%) patients continued to have headache, but majority (91%) reported improvement in character with only 1 having worsening. Headache impact on life measured by HIT-6 showed that 2 (13%) patients had a severe impact (HIT score > 60). The mean MIDAS score was 10.67 and two (13%) patients had severe disabling headaches (MIDAS score > 21). Sixteen (94%) patients were independent by BI scores ≥ 85. EQ-5D-5L measurements showed that 12 (71%), 14 (82%) and 12 (71%) patients had no problems with mobility, self-care and leisure respectively.

Conclusion. These data on long term outcomes suggest that half of them will continue to have headache, although decreased in severity and frequency. Although close to three-quarter of patients suffered an initial ischemic stroke or hemorrhage, almost all were independent with little disability. Pain and anxiety however decreased the QoL.

http://dx.doi.org/10.1016/j.lpm.2013.02.220

P150 Treatment related damage in the ANCA-associated vasculitides: An analysis of cohorts from the European Vasculitis Study Group (EUVAS) therapeutic trials

J. Robson 1, H. Doll 2, O. Flossmann 3, S. Ravi 4, H. Lorraine 5, H. Peter 6, J. David 7, M. Chetan 8, W. Kersting 8, L. Raashid 9

1. University of Oxford, Oxford, United Kingdom
2. University of East Anglia, Norwich, United Kingdom
3. Royal Berkshire Hospital, Reading, United Kingdom
4. Auckland DHB, Auckland, New Zealand
5. University of Birmingham, Birmingham, United Kingdom
6. Lund University, Lund, Sweden
7. Addenbrook’s Hospital, Cambridge, United Kingdom
8. Norfolk and Norwich University Hospital, Norwich, United Kingdom

Outcome