by its lack of visceral involvement. Although the chronic, relapsing, non-lethal nature of this condition, ulceration and necrosis of the skin occasionally can occur.

Methods.— Review of medical history and current literature.

Results.— A 36-year-old woman was diagnosed in 2006 with recurrent scleritis, relapsing polyarthritis and cutaneous PN. In November of 2010 presented with a history of ocular pain, arthritis and subcutaneous erythematous nodules on her lower limbs. She had a history of drug intolerance to steroids, azathioprine and infliximab. She had also previously treated with oral methotrexate and subcutaneous adalimumab without response. Treatment with intravenous immunoglobulin (IGIV) 400 mg/kg for 5 days was administered without clinical changes. Three months later cutaneous lesions persisted therefore infusions of cyclophosphamide 500 mg monthly was initiated. After one month, the patient only had received a single pulse of cyclophosphamide and a painful necrotic ulcer appeared on her left leg. Cyclophosphamide was discontinued due to the high risk of infection. Off-label therapeutic alternative with bosentan 62.5 mg twice daily was begun and after 4 weeks the bosentan dosage was increased to 125 mg twice daily. After three months, the therapy was well tolerated, the ulcer healed and cutaneous lesions resolved completely. Nowadays, the patient doesn’t present any recurrence of cutaneous ulcers on follow up.

Discussion.— Bosentan is an oral dual antagonist of endothelin that is indicated for the treatment of primary and secondary pulmonary arterial hypertension and in the prevention of digital ulcers in scleroderma. We hypothesize that bosentan could have a vasodilatatory and anti-inflammatory effect leading to the rapid clinical improvement in our case.

Conclusion.— Clinicians should consider treatment with bosentan in cases of refractory ulcers secondary to PN.

Further readings

http://dx.doi.org/10.1016/j.lpm.2013.02.284

P214
Plasma exchange and glucocorticoid dosing in the treatment of anti-neutrophil cytoplasm antibody associated vasculitides: A randomized controlled trial. PEXIVAS
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Introduction.— PEXIVAS is a 500-subject international, multi-center, randomized, controlled trial examining the efficacy of PLEX and GC dosing in AAV.

Planned.— Eighty-five centers from 18 countries to take part in the trial. PEXIVAS has been open to enrolment since June 2010. The poster will provide update on how this trial is progressing since two and half years ago when the first patient was recruited.

Methods.— International, multi-center, randomized, controlled trial.

Results.— Sixty-four centres from 12 countries are already active and recruiting. Two hundred and nine patients recruited up to end of December 2012.

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P215
Fixed-interval repeat dose rituximab improves abnormalities in the peripher al B cell compartment and reduces relapse rates in ANCA associated vasculit is
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Introduction.— The ANCA associated vasculitides (AAV) are chronic, relapsing autoimmune disorders, with poorly understood pathogenesis. Rituximab is an effective treatment, likely to be mediated by depletion of autoreactive B cells. Following treatment, B cells repopulate after 6–9 months, and in other autoimmune diseases repopulation with B cells displaying a memory phenotype is associated with relapse. We assessed the phenotype of repopulating cells following fixed interval repeat dosing of Rituximab.

Methods.— Eighty-one patients who received fixed-interval repeat dose Rituximab were prospectively followed. Lymphocyte subsets were monitored for CD19, CD4 and CD8 counts. In a subset of these patients more detailed immunophenotyping was undertaken.

Results.— Repeat dose Rituximab was effective at inducing and maintaining remission in patients with AAV. Lymphocyte analysis showed sustained depletion of B cells over the 2-year course. On stopping treatment, the majority of patients had return of B cells to pre-treatment levels within the subsequent 12 months. More detailed analysis showed that depletion of B cells was not as efficient as suggested by standard analysis. Those who failed to deplete initially had B cells showing a memory phenotype. However, following 2 years of fixed-interval repeat doses of Rituximab, the surface phenotype of recovering cells suggested they were naive.

Discussion.— Fixed interval repeat dose Rituximab led to profound and sustained B cell depletion, and a predominately naive surface phenotype in reconstituting B cells. Sustained B cell depletion had no consistent effects on T cell numbers or subsets in this cohort, but numbers were small and the cohorts were heterogeneous.

Conclusion.— Fixed-interval repeat dose Rituximab is a safe and effective treatment for patients with AAV. We postulate that this is due to removal of autoantigen specific memory B cells as they circulate from tissue niches and repopulation with a predominately naive subset of cells. This hypothesis warrants further exploration.

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P216
Predictors of treatment resistance and relapse in Chinese patients with antineutrophil cytoplasmic antibody-associated disease
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Introduction.— The prevalence and significance of treatment resistance and relapse in ANCA patients of China are poorly understood.

Methods.— A total of 102 patients with ANCA vasculitis, diagnosed between January 2003 and December 2009 in China-Japan Friendship Hospital and followed up by the physicians of Nephrology and Rheumatology were enrolled in this retrospective study. Predictors of treatment resistance were evaluated using logistic regression models. Cox proportional hazards models were used to evaluate predictors of relapse.

Results.— Two patients with EGPA and two patients with dual ANCA specificities were excluded from the analysis. Of these 98 patients, 15 patients (15.3%) were categorized as having cytoplasmic and/or PR3 ANCA and 83 patients (84.7%) could recognise perinuclear and/or MPO

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