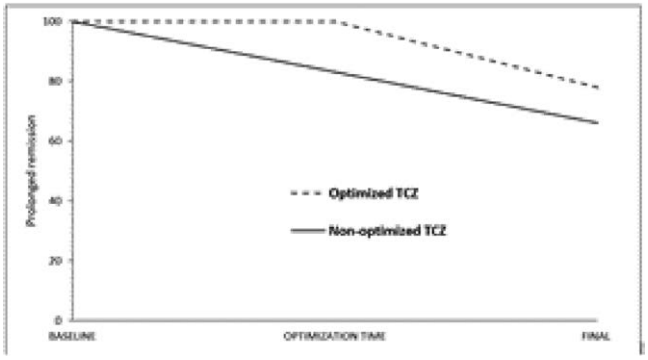
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FIGURE. Mean prolonged remission.



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POS0807

EVALUATION OF DISEASE MANIFESTATIONS AND ADVERSE PREGNANCY OUTCOMES IN PREGNANCIES OF PATIENTS WITH BEHÇET'S SYNDROME

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Background: Behçet's Syndrome (BS) is a chronic, multisystemic inflammatory vasculitis with unknown etiology, generally diagnosed at reproductive age. Data related to disease manifestations and pregnancy outcomes are limited.
Objectives: To investigate disease manifestations during pregnancy and adverse pregnancy outcomes (APOs) in female patients with BS.
Methods: In this single centre study, 110 voluntary women who had long-term follow-ups in Ankara University Multidiciplinary Behçet outpatient clinic and their 323 pregnancies were evaluated. Patients were interviewed about their previous pregnancies. As 238 of 323 (73.6%) pregnancies were before BS diagnosis and additional 13 pregnancies were terminated due to family planning, we evaluated disease manifestations and APOs of 72 pregnancies. APOs were defined as spontaneus abortion, intrauterine exitus, stillbirth, premature rupture of membranes (PROM), intrauterine growth restriction/small for gestational age (IUGR/SGA), gestational diabetes mellitus (GDM), macrosomia, preeclampsia and eclampsia, arteriovenous thrombosis, congenital malformations and Rh incompatibility.
Results: A total of 30 APOs in 72 (41.7%) pregnancies was stated by participants (Table 1). There were not any statistical differences between groups in terms of gestational age and BS disease duration (p= 0.85 and p= 0.21). In 24 (33.3%) pregnancies, BS manifestations were exacerbated, genital ulcer being the most common (20.8%) followed by oral ulcers (15.3%), skin manifestations (8.3%), and both articular and skin manifestations (8.3%). Ocular flares did not occur during pregnancies whereas *de novo* venous thromboses and parenchymal neurological involvement were detected in 2 (2.8%) and 1 (1.4%).

Table 1. The characteristics of pregnancies with and without APOs

		Pregnancy without APOs (n=42, 58.3%)	Pregnancy with APOs (n= 30, 41.7%)	P value
Maternal characteristics	Gestational age, years mean (SD)	24.4 (5.6)	24.5 (5.9)	0.85
	Disease duration, years mean (SD)	6.5 (10.4)	7.9 (10.3)	0.21
APOs and other complications	Spontaneous abortion, n(%)		4 (13.3%)	
	Stilbirth, n(%)		1 (3.3%)	
	IUGR-SGA, n(%)		8 (26.7%)	
	Preeclampsia, n(%)		3 (10.0%)	
	PROM, n(%)		5 (16.7%)	
	Termination due to teratogens, n(%)		4 (13.3%)	
	Trombosis, n(%)		2 (6.7%)	
	GDM, n(%)		3 (10.0%)	
	Macrosomia, n(%)		4 (13.3%)	
	Rh incompatibility, n(%)		3 (10.0%)	
Drug use in pregnancy	Colchicine, n(%)	11 (26.1%)	8 (26.6%)	0.96
	Azathioprine n(%)		2 (6.7%)	
	Corticosteroids, n(%)		1 (3.3%)	
Neonatal outcomes	Median birth week, median (Q1-Q3)*	39.0 (38.0-40.0)	38.0 (33.5-39.0)	0.001
	Median birth weight, grams, median (Q1-Q3)**	3445.0 (3123.8-3600.0)	2850.0 (2500.0-3700.0)	0.038

SD=Standart Deviation*Calculations were done in 42 pregnancies of the group without APOs and in 26 pregnancies of the group with APOs**Calculations were done in 40 pregnancies of the group without APOs and in 21 pregnancies of the group with APOs

The effects of medications during pregnancies were also examined. There were 19 pregnancies, in which colchicine was continued. When the pregnancies were compared between continued and cessation groups, median birth weights at continued and cessation groups were 3450 (Q1-Q3: 3125-3450) grams and 3300 (Q1-Q3: 2900-3820) grams (p=0.42), respectively. There was not any statistical difference between median birth weeks of continued and cessation groups 38.0 (Q1-Q3: 38.0-39.0) weeks at continued group and 39.0 (Q1-Q3: 38.0-40.0) weeks at cessation group (p=0.18)).There were not any significant differences between two groups in terms of exacerbated manifestations of BS and APOs (p values were 0.90 and 0.96, respectively). Azathioprine was used in 2 (2.7%) pregnancies, which resulted in termination and spontaneous abortion.
Conclusion: In this study, we found that APOs occurred in almost half of BS patients and colchicine use seemed to be safe throughout pregnancy. Some BS manifestations exacerbated and even occurred *de novo* during pregnancies. Prospective studies are needed to reveal the effects of BS and drugs on pregnancy.
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POS0808

CHARACTERISTICS AND PROGNOSIS OF BINOCULAR DIPLOPIA IN PATIENTS WITH GIANT CELL ARTERITIS

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Background: Giant cell arteritis (GCA) is a large vessel vasculitis associated with a risk of permanent ophthalmologic complications. Diplopia is an uncommon feature at GCA diagnosis and data about diplopia in GCA are scarce, especially regarding its prognosis.
Objectives: This study was designed to better characterize diplopia in newly diagnosed GCA patients.
Methods: All consecutive patients diagnosed with GCA between January 2015 and April 2021 in a French tertiary ophthalmologic center were retrospectively reviewed. GCA diagnosis relied on 1990 ACR criteria and either a positive temporal artery biopsy or high-definition MRI.
Results: Among 111 patients diagnosed with GCA in our tertiary eye-care center, 80 patients (72%) had visual signs, including 30 patients (27%) with binocular diplopia. Characteristics of patients with diplopia were similar to other GCA patients. Twenty-eight patients (93%) had cephalic symptoms (Headaches n = 25, scalp tenderness n = 14, jaw claudication n = 17) and 7 patients (23%) had associated polymyalgia rheumatica. All patients with diplopia had an elevated C-reactive protein compared with 91% of patients without diplopia (p = 0.06). Large vessel involvement was found in 4 patients (16%) with diplopia. Diplopia was attributed to cranial nerve palsy in 21/24 (88%) patients, especially third (50%) and sixth cranial nerve (48%) palsies. Median duration of diplopia before GCA diagnosis was 10 days (Inter-quartile

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