THU0548 PSORIASIS IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean fever (FMF) is a periodic fever syndrome caused by *MEFV* mutations. FMF may be associated with psoriasis in some cases. Previous study has shown that psoriasis was more common in the relatives of FMF patients [1].
Objectives: We aimed to investigate the prevalence of psoriasis among FMF patients and their relatives.
Methods: FMF patients followed at Hacettepe University Adult and Pediatric Rheumatology Departments between January and August 2016 were consecutively enrolled to this study. Demographic data, clinical manifestations, laboratory data and *MEFV* variant analysis were documented by medical file screening and face-to-face interview. The presence of psoriasis and psoriatic arthritis in patients and their relatives (first [Mother, father, children]-second [Brothers, grandchildren, grandfather and grandmother]-third degree [Nephew, uncle, maternal uncle, aunt, paternal aunt] relatives) and drug use history were also questioned. The patients were accepted to have psoriasis if the diagnosis was made by a dermatologist.
Results: 351 FMF patients (177 adults; 174 children) were included in this study (Table). 70.1% of adult patients were female, 29.9% were male. 53.4% of pediatric patients were female, 46.6% were male. The median age (min-max) of the adult patients was 35 (19–63), while the median age of the pediatric patient group was 10 (2–18). The onset age of symptom was 12 (0–39) in the adult group and 3 (1–14) in the pediatric group. The median age at diagnosis was 25 (2–52) in the adult group and 5 (1–18) in the pediatric group. Thirteen (3.7%) patients had psoriasis. Psoriasis was more common in adult patients than pediatric patients (p=0.02). Psoriasis was present in 22 (12.4%) of adult patients' and 9 (5.2%) of pediatric patients' relatives (p=0.023). The frequency of psoriasis in one or more relatives of all FMF patients was found to be 8.8%.

Table. Demographic and clinical characteristics of 177 adult and 174 pediatric patients with familial Mediterranean fever (FMF)

Characteristics	Adult patients (n=177)	Pediatric patients (n=174)	p value
Gender, female, n (%)	124 (70.1)	93 (53.4)	**0.001**
Abdominal pain, n (%)	159 (89.8)	166 (95.4)	**0.046**
Fever, n (%)	152 (85.9)	170 (97.7)	**<0.0001**
Arthralgia, n (%)	147 (83.1)	76 (43.7)	**<0.0001**
Arthritis, n (%)	93 (52.5)	27 (15.5)	**<0.0001**
Pleuritic chest pain, n (%)	104 (58.8)	14 (8)	**<0.0001**
Erysipelas-like erythema, n (%)	57 (32.2)	6 (3.4)	**<0.0001**
Pericarditis, n (%)	7 (4)	0 (0)	**0.007**
Amyloidosis, n (%)	5 (2.8)	1 (0.6)	0.215
Family history of FMF[a], n (%)	99 (55.9)	94 (54)	0.719
Parental consanguinity, n (%)	44 (25)	25 (14.4)	0.012
Hemodialysis history in family associated with FMF, n (%)	20 (11.3)	11 (6.3)	0.132
Psoriasis, n (%)	11 (6.2)	2 (1.1)	**0.020**
Psoriatic arthritis, n (%)	3 (1.7)	1 (0.6)	0.623
Psoriasis in any degree relatives, n (%)	22 (12.4)	9 (5.2)	**0.023**
Psoriasis in 1° relatives, n (%)	5 (2.8)	2 (1.1)	0.44
Psoriasis in 2° relatives, n (%)	5 (2.8)	6 (3.4)	0.73
Psoriasis in 3° relatives, n (%)	15 (8.5)	1 (0.6)	**<0.0001**

Conclusions: IL-1 has an essential role for signaling early T helper 17 (Th17) differentiation and Ashida et al have shown the presence of Th17 cells in the upper dermis of psoriasis-like lesions in a patient with FMF [2]. We may speculate that high IL-1 in FMF may cause Th17 activation and stimulation of keratinocytes; and this may be the reason for higher frequency of psoriasis in FMF patients. Thirteen (3.7%) patients had psoriasis; more common than the normal population (0.40%) (p<0.0001). FMF increases the likelihood of psoriasis in relatives of FMF patient. Thus, FMF patients should be questioned and carefully examined for psoriasis lesions and psoriasis family history.
References:
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[2] Ashida, M., et al., Psoriasis-like lesions in a patient with familial Mediterranean fever. J Dermatol, 2016. 43(3): p. 314–7.
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THU0549 SYSTEMIC TREATMENT FOR ACUTE ANTERIOR UVEITIS (SYNTHETIC AND BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS): A SYSTEMATIC REVIEW

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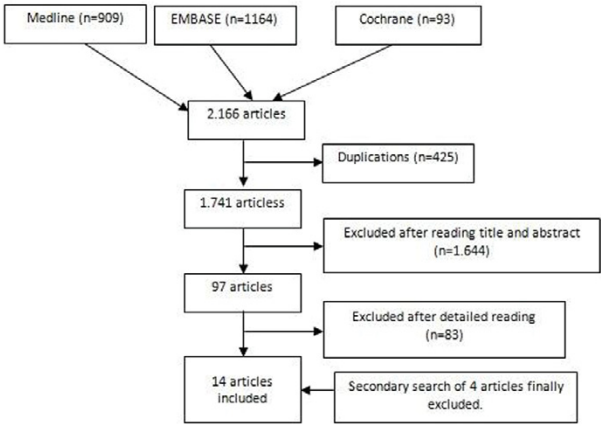
Background: Acute anterior uveitis (AAU) is the most common form of uveitis. Most of them are idiopathic, followed by those related to rheumatic conditions. One third of AAU patients may present recurrences, some requiring systemic disease-modifying antirheumatic drugs (DMARDs). The use of DMARDs in AAU is heterogeneous.
Objectives: To perform a systematic and critical review of the literature about the use of synthetic and biologic DMARDs in adult patients with AAU.
Methods: *Selection criteria:* Articles including adult patients with non-infectious AU treated with synthetic or biologic DMARDs including efficacy, and/or safety or cost-effectivity data were selected. Only meta-analysis, systematic reviews, clinical trials and observational studies (OS) were included.
Search strategies for Medline, Embase and Cochrane Library databases up to 3–2016 were designed.
Article selection: 2 independent reviewers. Selected articles were analyzed in detail.
Quality asessment of the studies: Oxford scale and Jadad scale were used.
Analysis and data presentation: evidence and results tables.
Results: 14 articles included, 2 RCTs and 12 OSs, with low or moderate quality. The mean duration/follow-up, number (n) and patients characteristics were highly variable. The definition of the anatomic classification of AUs was generally not clear. Systemic DMARDs were used, including Methotrexate (MTX), Azathioprine (AZA), Cyclosporine A (CsA) and anti-TNFα (Adalimumab (ADA), Golimumab (GLM)), at usual dosage prescription. Number of flares, disease activity and corticoid sparing (CS) effect were the most common outcomes, with big differences between studies in variables included and their definitions.
MTX showed efficacy in disease remission, n of flares, time between flares, lower activity and CS effect. *SSZ* showed lower n of flares and improvement in visual acuity (VA) in AS-associated AAU patients. *AZA* (low quality RCT) showed no differences in VA, Tyndall, flares or IOP. A prospective OS showed lower activity and CS effect. *CsA* (moderate quality OS) showed efficacy improving activity and as CS agent (mid/long term). *Anti-TNFα: ADA*, (2 OSs) with SpA-associated AU patients lowered n of flares (mid/long term), can improve VA, Tyndall and be used as CS agent. *GLM* in AU patients refractory to DMARDs (some to other biologics), showed CS effect in 2 studies. One showed improvement in VA and Tyndall, but not in OCT or n of flares. Adverse events recorded were those usually registered for all these drugs.

Figure 1. Article selection strategy.



Conclusions:
1. Evidence quality is low.
2. Great variability.
3. MTX showed efficacy in idiopathic and systemic disease-associated (SDA) AU.(EL 2c; RG B).
4. SSZ showed efficacy in idiopathic and SDA AU.(EL 3a; RG B-C).
5. AZA seems to be effective in naïve and DMARDs-refractory AU (EL 3a; RG C).
6. CsA showed efficacy in idiopathic and SDA AU (EL 2c; RG B-C).
7. ADA showed efficacy in idiopathic and SDA AU, naïve or DMARDs-refractory AU (EL 2c; RG B).