Miscellaneous rheumatic diseases

AB0207 REFLEX SYMPATHETIC DYSTROPHY ASSOCIATED WITH PHENOBARBITAL

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Background Reflex sympathetic dystrophy (RSD) is a complex syndrome characterised by pain and oedema of one or more extremities, trophic skin changes and vasomotor instability. Long-term outcome is variable and can induce severe consequences. Barbiturates has been related with RSD in 15% of the cases. **Objectives** The aim of our work is to define long-term outcome and response to therapy of three patients with RSD following barbiturates use.

Methods

Results Main results are expressed in the next Table 1:

Abstract AB0207 Table 1

	Sex and age	Distribution	Response to barbiturates discontinuation	Response to steroids/calcitonin	Sequels (1 year)
Patient 1	Male/ 70	Both upper limbs	No	No	+
Patient 2	Female/ 60	Both upper limbs	No	No	+
Patient 3	Female/ 54	Right upper limb	±	+	±

Conclusion RSD can be induced with barbiturates therapy. In our experience barbiturates discontinuation is insufficient for improving and response to other therapies can be limited with significant long-term disability.

AB0208 CYCLOPHOSPHAMIDE MAY INDUCE REMISSION OF RELAPSING POLYCHONDritis REFRACTORY TO CORTICOSTEROIDS

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Background Relapsing polychondritis (RP) is so rare that controlled therapy trials have not been carried out. Therefore, strategies for the treatment of RP refractory to moderate- or high-dose corticosteroids (CS) have not been established.

Objectives To report a severe case of RP, refractory to CS, in which complete remission was induced by cyclophosphamide (CP) therapy.

Methods Retrospective clinical and laboratory analysis of one patient.

Results A 55-year-old Caucasian woman developed ear and nose cartilage inflammation, for the first time, when she was 31. At that time a biopsy of auricular cartilage confirmed the clinical diagnosis of RP. The disease responded to an initial short-term CS therapy (20 mg prednisolone/day), but a maintenance dose

of 5–10 mg prednisolone/day was required to control symptoms and prevent relapses ever since. Meanwhile, she developed diabetes mellitus and cataract. Additionally, she had chronic anaemia due to thalassemia minor. Sixteen months ago, after strenuous physical exercise, a severe relapse of the disease occurred suddenly. The patient presented with acute arthritis of the knees and wrists, chondritis of the auricular, nasal, and laryngotracheal cartilages, as well as symptoms of eye inflammation. She complained of severe arthralgias, hoarseness, cough, eye irritation, tinnitus, and vertigo. Physical examination revealed fever (38°C), tenderness of thyroid cartilage and the anterior trachea, bilateral episcleritis and cataract, cochlear and vestibular dysfunction, and effusion of both knees. Laboratory investigation showed an erythrocyte sedimentation rate of 41 mm, C-reactive protein 15.5 mg/dl (normal <0.9 mg/dl), glucose 216 mg/dl, hematocrit 35%, haemoglobin concentration 10.3 g/dl, white blood cell count 10,540/μl with 71% polymorphs, platelet count 477,000/μl, negative rheumatoid factor, microscopic hematuria, and inflammatory synovial fluid, containing 15,800 white cells/μl (95% polymorphs, 5% lymphocytes), but no crystals or microorganisms. The manifestations of laryngotracheal, ocular, and inner ear inflammation were refractory to 60 mg prednisolone/day for four weeks. Then, oral CP (1.5 mg/Kg/day) was added and a quick improvement ensued. Within four months of CP therapy complete clinical remission of the disease and normalisation of laboratory tests was observed. Subsequently, CP was discontinued and prednisolone was gradually tapered off over the next six months. Eventually, five months after stopping CS, the disease still remains quiescent without therapy.

Conclusion Although RP may have a remitting course, the remission in our patient has most likely been induced by CP in combination with prednisolone. Our observation suggests that CP is an effective therapy for severe cases of RP refractory to CS alone. Moreover, CP seems capable of inducing sustained remission of this disease.

AB0209 LONG TERM ANALYSIS AND EVALUATION OF SIDE EFFECTS RELATED TO CYCLOSPORINE TREATMENT OF 59 PATIENTS WITH RHEUMATIC DISEASES

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Background Cyclosporine has been used in the area of rheumatology, and various published articles describe evidence of side effects in short and long term, which have lead to withdrawal of the treatment.

Objectives Evaluate the presence of side effects in 59 patients that received cyclosporine treatment in dosis of 2.5–3 mg/Kg/day.

Methods This is a prospective study which carried out 59 patients that received cyclosporine treatment: 45 females with an average age of 57 years (range 23–80) and 15 males with an average age of 50.6 years (range 31–72) with the follow disease: 41 Rheumatoid Arthritis, 6 Psoriatic Arthritis and tha remainder included sufferers of Systemic Lupus Erythematosus, Scleroderma, Ankylosing Spondylitis and Cryoglobulinemia. Female patients suffering from the illness for an average of 19.95 years, were treated for a total period of 22.11 months. Male patients suffering from the illness for an average of 8.7 years, were treated for a total period of 19.4 months.