Methods In this clinical investigation, we retrospectively evaluated hospital records of patients who were hospitalised in our Infectious Diseases Service from January 1990 through September 2000 to investigate the cause of prolonged fever. One hundred forty-five patients (63 female, 82 male, mean age: 38.5, min-max: 16–80) meeting the classical criteria of FUO were included in the present study.

Results Infections, rheumatic diseases and malign disorders were found in 93 (64.1%), 24 (16.6%) and 8 patients (5.5%), respectively. Infectious causes are the most common cause in all age groups, and rheumatic disease are the second. Malign diseases were diagnosed in 2.7% of patients under age 50, and percentage of these disorders increased to 15.6% among patients over 50. Miscellaneous conditions were found in 2 patients (1.4%), and despite detailed evaluation 18 patients (12.4%) remained undiagnosed. List of rheumatic diseases diagnosed as causes of FUO in the present study are given in Table 1.

Abstract THU0231 Table 1 List of rheumatic diseases diagnosed as causes of FUO

	Frequency	Percent
FMF	2	8.3
Unclassified collagen tissue disease	4	16.6
Sarcoidosis	2	8.3
Seronegative arthritis	2	8.3
SLE	3	12.5
Temporal arteritis	2	8.3
PAN-like vasculitis	4	16.6
Others (Behçet's D, PM, Still's, RA, WG)	5	20.8

Conclusion In conclusion, despite widespread use of antibiotics and increasingly useful diagnostic technologies, infectious disease still remain the leading cause of FUO among our group of patients, and collagen vascular diseases together with granulomatous disorders are the second most common group. The percentage of tumours was higher in our elderly patients than in the younger ones but still clearly lower than other causes of FUO in adults. Infectious Diseases Department of Hacettepe University is one of the reference centres in Turkey, and many undiagnosed cases are being referred to our hospital. Therefore we believe that, although we performed the present study only from our hospital reports, the results may reflect the general population of central Anatolia.

THU0232 FAS AND APOPTOSIS IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER AND AMYLOIDOSIS

¹S Kiraz, ¹I Ertenli, ¹M Çalgüneri, ¹MA Oztürk, ²E Atalar, ¹S Apras, ³IC Haznedaroglu, ³S Kirazlı. ¹Rheumatology; ²Cardiology; ³Hematology, Hacettepe University School of Medicine, Ankara, Turkey

10.1136/annrheumdis-2001.764

Background Amyloidosis is the drastic complication of familial Mediterranean Fever (FMF). Amyloidosis may be characterised by a tendency for keratinocytes to undergo filamentous degeneration and apoptosis. However, a possible association of FMF and apoptosis has not been previously evaluated. Binding of Fas ligand (FasL) to the Fas antigen trigger the cytoplasmic apoptotic signal. Induced cell death can be inhibited by soluble Fas protein

(sFas) which binds to and functions as competitive antagonist of FasL.

Objectives The aim of this study was to investigate sFas in patients with FMF complicated with amyloidosis compared to FMF patients without amyloidosis and controls.

Methods Ten FMF patients with amyloidosis (mean age: 41.8, min-max: 33–51), 12 patients with FMF without amyloidosis (mean age: 24.8, min-max: 17–38) and 16 controls (mean age: 48.7, min-max: 38–63) were enrolled in the study. All FMF patients were in attack-free period during blood sampling. sFas levels were measured using a commercially available ELISA kit (Quantikine sFas Immunoassay).

Results

Conclusion Decreased serum sFas levels may lead to unbalanced binding of FasL to its receptor, inducing apoptosis. *In vitro* experiments demonstrated that long-term enhancement of Fas expression in Fas-normal mice resulted in an increased acute-phase response and renal amyloidosis in aged transgenic mice. Increased Fas expression in T cells of aged CD2-Fas transgenic CD-1 mice resulted in an increased immune response and T cell apoptosis. Therefore, enhanced Fas-mediated apoptosis can be associated with amyloidosis in FMF patients, and this association may be related to the dysregulated immune system activation. On the other hand, elevated levels of sFas protein in patients with FMF may also be related to the imbalanced inflammatory activity. Induced cell death of autoreactive T cells could be inhibited by sFas. sFas levels were shown to be elevated in patients with active SLE. However this observation could not be confirmed by some other authors. Since the changes in autoimmune inflammatory disorders are dynamic and complex, it is difficult to establish a relationship between sFas and their pathogenesis. It also remains to be detected which cells release the elevated amounts of sFas. Future studies are needed to elucidate exact state of sFas protein in the etiopathogenesis of FMF.

THU0233 HYPERMOBILITY SYNDROME – A DISEASE OR NOT A DISEASE

Y Gazit, AM Nahir. B. Shine Department of Rheumatology, Rambam Medical Center, Haifa, Israel

10.1136/annrheumdis-2001.765

Background Although benign joint hypermobility syndrome (BJHS) is very common in the general population, the diagnosis is frequently missed. The reasons may be that BJHS is not a life threatening condition and most BJHS patients conduct normal life. Unfortunately, most BJHS patients are frustrated, wandering from one physician to the other.

Objectives To evaluate whether people with BJHS regard themselves as healthy or ill.

Methods Forty people were diagnosed as having BJHS in a rheumatology clinic and were compared to 26 healthy controls. A skilled rheumatologist reviewed and examined all of them and fulfilled a questionnaire about their articular and non articular complaints as well as their well being. The questionnaires were statistically analysed.

Results All BJHS patients were working and conducting active life. In average, BJHS patients suffered from joint pain in 8.53 joints in the last 3 months, opposed to 0.77 joints in the control group. 58% of the BJHS patients, but non of the controls had considered themselves ill. On a direct question, all those who