regard themselves as ill pointed their joints as the reason for it, although 30% of them had extra articular manifestations.

Conclusion Most of the people suffering from BJHS consider themselves ill. BJHS should be looked at as a disease by the Physician.

THU0234 FAMILIAL MEDITERRANEAN FEVER: ANALYSIS OF 45 TUNISIAN PATIENTS

SS Turki, CH Ben Taarrit, R Goucha, E Abderrahim, F Ben Moussa, H Ben Maiz. *Department of Nephrology and Internal Medicine, Charles Nicolle Hospital, Tunis, Tunisia*

10.1136/annrheumdis-2001.766

Background Familial mediterranean fever (FMF) is an inherited multisystem disease of unknown aetiology, characterised by recurrent, painful, self-limited episodes.

Objectives The objectives of this study is to describe the clinical profile, course and complications of 45 cases of FMF observed over a period of 25 years.

Methods Retrospective review of 45 cases with FMF.

Results Forty patients (88%) started their illness below the age of 10 years. Peritonitis occurred in 84,4%, arthritis in 35,5%, pleuritis in 17,7% and erysipelas-like lesions in 31,1%. 21 patients developed renal amyloidosis and 17 patients were subjected to unnecessary operative surgery.

The arthritis was monoarticular in 85% and polyarticular in 15% and was seronegative in all cases (Rheumatoid factor and antinuclear antibodies). The synovial attack showed a wide variation in the clinical presentation, course and duration of arthritis causing diagnostic difficulties.

Renal amyloidosis occurred in 21 patients after a mean duration of FMF 10,5 years (2 to 28 years). One patient had hematuria, kidney biopsy showed mesangial IgA glomerulonephritis. Among 32 patients treated with colchicine, 80% achieved a therapeutic response.

Conclusion FMF is an inherited disease; colchicine remains the only efficient treatment to prevent both acute manifestations and amyloidosis.

THU0235 TREATMENT OF REFRACTORY POSTERIOR UVEITIS WITH ANTI-TNF-ALFA (INFLIXIMAB)

A Banares, E Pato, L Abasolo, P Macarron, C Hernandez, JA Jover, B Fernandez. *Rheumatology, Hospital Clinico San Carlos, Madrid, Spain*

10.1136/annrheumdis-2001.767

Background There is a group of patients with non-infectious posterior uveitis (PU) who are refractory to corticosteroid or immunosuppressive (IS) regimens. The important role played by TNF- α in experimental uveitis models, and the efficacy shown by the various anti-TNF- α agents in autoimmune diseases have been reported.

Objectives To demonstrate the usefulness of infliximab in the treatment of non-infectious PU.

Methods Open, non-controlled trial, including 7 patients with corticosteroid-refractory PU who were receiving one or more of the following IS agents for a minimum of 2 years: CsA, AZA, MTX. Treatment was administered on a compassionate use basis, after EC approval at our institution and patient informed consent. All IS agents except MTX were discontinued one month prior to the start of treatment. Prednisone dose was adjusted to

0.5 mg/kg/day and decreased by 5 mg/day every week in the absence of posterior pole inflammation. Three doses of 5 mg/kg infliximab were administered IV at weeks 0, 2, and 6. Visits including a full ophthalmological assessment took place at weeks 1, 3, 4, 5, 7, 8, and 12; fluorescein angiographies (FAG) and retinograms were performed at baseline and week 16.

Results No adverse effects, and no ocular or systemic exacerbations were observed. Final prednisone dose was = or < 7.5 mg for six patients, and 15 mg for patient 2. Vitreous haze improved in all patients except patient 7. Measurable improvement of visual acuity was documented in patients 2, 3, 4, 5, and 6. FAGs and retinograms confirmed vitreous clearance in all patients, showing improvement of active retinal bleeding in patient 4 and disappearance of a macular oedema (which had been present for years) in patient 5. Only patient 7, with chronic multifocal choroiditis, had no improvement.

Abstract THU0235 Table 1

	Diagnosis	Posterior pole	Visual acuity*	Visual acuity*	Vitreous haze	Vitreous haze
			Snellen scale	Snellen scale	Nussenblatt scale	Nussenblatt scale
			Baseline	Week12	Baseline	Week12
Patient 1	Behcet dis.	Vasculitis	20/25	20/25	0	0
Patient 2	Behcet dis.	Vasculitis	20/32	20/28	±	0
Patient 3	Behcet dis.	Vasculitis	20/32	20/28	±	0
Patient 4	Behcet dis.	Vasculitis	20/125	20/100	2+	±
Patient 5	Behcet dis.	Vasculitis	20/200	20/100	2+	±
Patient 6	Sarcoidosis	Vasculitis	20/40	20/28	2+	±
Patient 7	Multifocal choroiditis	Chorioretinitis	CF	CF	1+	1+

*best response eye.

Conclusion In this preliminary open trial, infliximab treatment appears to be a useful option in the short term for the management of refractory PU patients with retinal vasculitis.

THU0236 UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE: OUTCOME OF 40 PATIENTS

M Romero, MA Aguirre, A Cissal, P Font, MJ Cuadrado, FG Martinez, J Gonzalez, A Escudero, V Perez, C Castro, MC Muñoz-Villanueva, E Collantes. *Rheumatology Service, Hospital Universitario Reina Sofia, Cordoba, Spain*

10.1136/annrheumdis-2001.768

Background There are a substantial number of patients with symptoms strongly suggestive of a connective tissue disease (CTD) that does not adequately fulfil enough classification criteria to be labelled as such. The outcome of these patients is difficult to predict. They are classified as undifferentiated connective tissue disease (UCTD).

Objectives To prospectively analyse the outcome of a cohort of patients with UCTD.