

Conclusions: MBDA score may be of additional value in predicting DAS28 flares but not in predicting medication escalations or physician-reported flares in RA patients on TNFi in stable low disease activity.

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AB0264 THE PERFORIN A91V GENE AND CLINICAL FEATURES ANALYSIS IN CHINESE SO-JIA CASES WITH MACROPHAGE ACTIVATION SYNDROME

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Objectives: Macrophage activation syndrome (MAS) is a severe, potentially fatal complication of rheumatoid disease, especially in the systemic onset juvenile idiopathic arthritis (SoJIA). We aimed to investigate the clinical characteristics of 31 SOJIA cases with MAS and the perforin A91V gene were detected in part cases

Methods: gene-specific polymerase chain reaction (PCR) primers were used to analyze the perforin A91V gene polymorphism.

Results: 31 soJIA cases were associated with MAS. 25 out of 31 cases (83%) had infections prior to MAS. Serum ferritin was significantly increased in 27 cases (87.10%). High concentrations of triglycerides (23 cases, 74.19%) and lactic dehydrogenase (27 cases, 87.10%) are observed. What is more, Creatine Kinase (CK) increased in all cases that had been checked. Well-differentiated macrophages phagocytosing hematopoietic elements were found in all cases (100%). 6 cases (19.35%) merged with multiple organ dysfunctions (MODS). The perforin A91V (NCBI: SNP rs35947132) variant gene was detected in twenty cases, but no mutation was found. Corticosteroids, immunosuppressant, cell cycle inhibitors, immunoglobulin, Tumor necrosis factor (TNF) antagonist and plasmapheresis were effective. After treatment, 28 cases (90.32%) children were in remission, while 3 out of 31 cases died with mortality of 9.68%.

Conclusions: MAS is a life-threatening complication of systemic onset juvenile idiopathic arthritis. Most cases were preceded by infection. Unremitted fever, progressive hepatosplenomegaly, lymphadenopathy, cytopenias, elevated serum liver enzymes significantly increased serum ferritin are the main feature. Early diagnosis and treatment is the key to improve prognosis. The perforin gene mutations in our patients have not found yet.

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AB0265 THE SIGNIFICANCE OF EARLY DIAGNOSIS AND PROGNOSTIC EVALUATION OF FOUR KINDS OF ANTI-CCP ANTIBODIES IN VARIOUS TYPES OF JUVENILE IDIOPATHIC ARTHRITIS

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Objectives: To investigate the relationship between immunological parameters AKA, anti-CCP, the RF-IGG, RF-IGM and the early diagnosis and prognosis in sub-JIA patients.

Methods: Collection of 76 JIA patients in our hospital with system treatment and adhere to the follow-up treatment for at least six months, detect the immunological parameters of AKA, anti-CCP, RF-IGG, RF-IGM in the early diagnosis, compare the Positive rate in different subtypes and prognosis, and make the statistical analysis of sensitivity, specificity and relevant risk, compare to the normal control group of blood of 49 healthy children.

Results: There is a significant difference between polyarticular group and normal control group in positive rate of AKA, anti-CCP, RF-IGG, RF-IGM, there is no significant difference between the type of systemic, oligoarticular, enthesitis and the normal control group in autoantibody-positive detection rate. Polyarticular group's sensitivity AKA > anti-CCP, RF-IGG > RF-IGM and four kinds of joint detection, specificity RF-IGM, four kinds of joint detection > AKA > RF-IGG > anti-CCP. There is a significantly different between refractory JIA and general JIA patients in AKA positive rate, relative risk OR is 3.514%.

Conclusions: The effect of AKA, anti-CCP, RF-IGG, RF-IGM in the different subtypes of JIA about early diagnosis are different, it is found that AKA, anti-CCP has good sensitivity and specificity in polyarticular JIA, AKA appears relate with refractory JIA, it is a large sample of the study to be confirmed that whether it can be a serological marker in the early diagnosis and prognosis of Polyarticular JIA.

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AB0266 EFFECTS OF PERIODONTAL BASIC TREATMENT ON PERIODONTAL CONDITION, CLINICAL RESPONSE AND SERUM INFLAMMATORY PARAMETERS IN RHEUMATOID ARTHRITIS (RA) PATIENTS WITH MODERATE TO SEVERE PERIODONTITIS

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Background: Periodontal disease (PD) shares several clinical and pathogenic characteristics with Rheumatoid Arthritis (RA). Some intervention studies have suggested that periodontal treatment can reduce serum inflammatory biomarkers such as C-reactive protein, or erythrocyte sedimentation rate. Periodontal diseases are not only a threat to dentition, but may also be an aggravating factor in patients with RA, its treatment may improve the RA outcomes. In this study we assessed the effect of periodontal basic therapy in relieving the PD symptoms and the clinical signs of RA in order to evaluate the importance of periodontal treatment in the control of inflammation.

Objectives: To evaluate the effects of periodontal basic treatment on periodontal condition, clinical response and serum inflammatory parameters in RA patients with moderate to severe periodontitis.

Methods: A total of 46 subjects with confirmed diagnosis of RA and moderate to severe periodontitis were included in the study. 18 subjects completing the study received periodontal basic treatment consisting of scaling/root planing and oral hygiene instruction at baseline and at 6 weeks; 28 subjects completing the study received no treatment as control group. Participants continued their usual disease-modifying medications for RA without any changes in DMARD therapy during the study period. Periodontal indices and RA measurements, such as probing depth (Pd), clinical attachment level (CAL), bleeding on probing (BOP), high-sensitivity C-reactive protein (hsCRP), erythrocyte sedimentation rate (ESR), disease activity score in 28 joints (DAS28) and subjective symptom were recorded at baseline, 6 and 12 weeks for each participant.

Results: After periodontal basic treatment, significantly lower Pd, CAL and BOP were observed in the treatment group ($P < 0.01$), hsCRP, ESR, DAS28 and patients' subjective symptom improved significantly ($p < 0.05$). Besides, the Pd and BOP were statistically significant between treatment subjects after therapy and controls ($P < 0.001$). Although hsCRP was significantly lower in the treatment group after therapy than controls ($P < 0.01$), there was no significant difference in the DAS 28 level between the two groups after periodontal basic therapy ($P > 0.05$). Visual analog scale (VAS) was used to evaluate patients' subjective symptom, the results show that the improvement was much better in patients received periodontal therapy than controls ($P < 0.001$).

Conclusions: Periodontal basic treatment can effectively improve periodontal status, patients' subjective symptom and circulating inflammatory status.

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AB0267 TREATMENT PARADIGMS IN REAL-WORLD PRACTICE: BIOLOGIC AGENT USE PRIOR TO AND AFTER DISCONTINUATION OF ABATACEPT IN THE ACTION STUDY

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Background: ACTION is a 2-year, observational study of patients (pts) with moderate-to-severe RA who initiated IV abatacept (ABA) in Canada and Europe (NCT02109666).

Objectives: To determine pt biologic (b)DMARD use prior to initiation and after discontinuation of ABA overall and by treatment line in ACTION.

Methods: Pts with RA initiated IV ABA as first- or second-/further-line therapy. Biologic-naïve and biologic-failure pts were enrolled during three periods between May 2008 and December 2013. Pts could switch administration routes (IV to SC) during treatment. Crude retention rates (Kaplan-Meier) were compared by log-rank test.

Results: Of the 2364 pts enrolled, 2350 were evaluable for analysis: 673 (28.6%) were biologic naïve and 1677 (71.4%) biologic failures. Baseline characteristics differed: biologic-failure pts had longer RA duration, higher CRP levels and prevalence of radiographic erosions, and lower rates of chronic obstructive