

Conclusions: The novel FOI RA synovitis scoring system showed high reliability and moderate to good responsiveness in the wrist and hand. Future studies should focus on assessing the sensitivity and specificity of the FOI synovitis score with ultrasound and magnetic resonance imaging as gold standard.

Disclosure of Interest: None declared

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AB1014 SAFETY OF OUTPATIENT PERCUTANEOUS NATIVE RENAL BIOPSY IN PATIENTS WITH SYSTEMIC AUTOIMMUNE DISEASES: RESULTS FROM A MONOCENTRIC COHORT

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Background: Renal involvement is common in patients with systemic autoimmune conditions, mainly systemic lupus erythematosus (SLE) and vasculitis, including cryoglobulinemia. Despite the advances in percutaneous kidney biopsy (PKB) techniques and overall improved safety of the procedure, clinically significant bleeding complications do occur.

Objectives: to investigate the safety of performing percutaneous native kidney biopsy (PKB) as an outpatient procedure (implying an observation period of 6 hrs) compared to the traditional inpatient policy in patients with systemic autoimmune conditions.

Methods: Group I, in whom PKB was performed in the outpatient department (2012–2016) and followed by 6 hours' observation period and then by regular outpatient visits and group II, in whom PKB was performed and followed by at least 1-day hospital admission. Group II included retrospectively retrieved patients who underwent PKB in our Institution between January 2000 and November 2012 as in patient procedure. All biopsies were performed by a single nephrologist following a structured protocol.

Results: A total of 81 biopsies (group I and group II) were included in this study, 44 (54%) of patients were female and the mean age was 49.9±17.6 years. Twenty-six per cent of biopsies were performed for the diagnostic workup of nephrotic range proteinuria, 21% for rapidly progressive renal insufficiency, and the remaining 53% for non-nephrotic proteinuria and/or hematuria. No patient suffered for a major complication and only 3 (3.7%) patients (one with cryoglobulinemic vasculitis and 2 with ANCA associated vasculitis) developed a minor complication, including gross hematuria in one case and sub-capsular perinephric hematoma on sonography not requiring intervention in 2 patients

Conclusions: The lack of major complications and the very limited rate of minor bleeding support that outpatient biopsy could be a valuable, safe, and perhaps cost-effective method of obtaining diagnostic renal tissue in the majority of patients with systemic autoimmune diseases.

Disclosure of Interest: None declared

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AB1015 AUTOMATED SQUEEZE TEST (GAENSLER'S COMPRESSION MANEUVER) IN RHEUMATOID ARTHRITIS PATIENTS. EXPLORATORY STUDY

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Background: The squeeze test (a.k.a Gaensler's Compression Maneuver) consists on the compression of the metacarpal-phalangeal (MCP) joints to elicit pain in a patient with active synovitis. The squeeze test has three main purposes: Screening of inflammatory arthritis, as a predictor of rheumatoid arthritis in arthralgia patients, and as a quick and practical evaluation of the presence/absence of synovitis in patients already diagnosed with RA. The force and the way to perform the squeeze test had been evaluated in rheumatologists

on a biomechanical device, with conflicting results. We developed a biomechanical device to perform the squeeze test.

Objectives: Our aim is to determine the force whether the automated squeeze test discriminate patients with active RA from inactive ones. And the force that differentiates a healthy patient from a RA patient.

Methods: Observational study in RA (ACR/EULAR 2010) patients and healthy persons. We perform 3-squeeze test on the device in the MCP joints and record the force enough to elicit pain. And then compare them with the joint counts by the clinician

Results: Two hundred MCP joints from 50 hands were tested. From 25 RA patients with a mean age of 54.6 years (SD 11.22), with a mean disease latency of 1.2 years (SD 2.7). The total swollen joint count was 16 (7 right joints + 9 left joints) and 70 total tender joint count (30 right joints and 40 left joints). The median of force that caused pain in the RA patient's right hand was 3.07 kg (IQR 2.4) and the left hand was 2.78 kg (IQR 3.8). The cut-off for the force to detect a tender right hand joint was 1,020 grams with a sensitivity of 100% and specificity of 10%; for a swollen right hand joint was 1,400 with a sensitivity of 100% and specificity of 28.6%. For a tender left hand joint was 1620 grams with a sensitivity 70% and specificity of 6.7%; and for a swollen left joint was 1990 grams with a sensitivity of 100% and specificity of 27.3%.

In the second phase, 560 MCP joints of 140 hands from 70 healthy volunteers were compressed. The median force to elicit pain in the right hand was 4.2 kg (IQR 9.5) vs. 3.07 kg (IQR 8.7) from RA patients (p=0.003). And for left hand 4.6 kg (IQR 9.7) vs. 2.78 kg (IQR 9.2) from RA (p=0.014).

Conclusions: It is necessary to continue the exploration of the maneuver in different clinical settings. Validate the strength in patients with different arthropathies, activity levels and different clinical stages (screening, activity, prediction) and also with imaging methods for evidence of inflammation (US, MRI)

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AB1016 ANTI-DFS70, A TOOL IN USUAL CLINICAL PRACTICE: A CASE SERIES

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Background: The presence of anti-nuclear antibodies (ANA) has been considered a characteristic of systemic autoimmune diseases (SAD). Patients are frequently referred for study because they have ANA and are followed because of the possibility to develop SAD. Approximately, 20% of healthy individuals with ANA detected by indirect immunofluorescence (IFI), especially at low titers, have a dense, fine speckled pattern (DFS) that frequently corresponds to the presence of anti-DFS70 antibodies. The importance of this antibody is due to its low prevalence in subjects with ASD (<1%) compared to its presence in 33.1% of healthy subjects with ANA.

Objectives: To describe the usefulness of Anti-DFS70 in a series of patients presenting ANA.

Methods: We collected prospectively throughout the year 2016 all the patients referred to a tertiary hospital for ANA study and in whom the presence of anti-DFS70 antibodies was confirmed. All patients underwent a thorough medical history, physical examination, and relevant follow-up tests were performed according to the clinical presentation. The IFI was performed in a Menarini Zenit-Up/GSight system, as well as ANA screening in Hep-2000 (Fluorescent IgG ANA-Ro Test System-immunoconcepts) and the detection of anti-DFS70 antibodies by immunoblot (ANA + DFS70 Dot Blot-Alphadia).

Results: We collected in a period of 12 months a total of 7 patients with anti-DFS70 antibodies. Most of them (6/7) were referred because of non-specific symptoms such as arthralgia, fatigue, thrush, edema, ... and the presence of ANA. The findings are detailed in Table 1.

Abstract AB1016 – Table 1

Case	1	2	3	4	5	6	7
Symptoms	Polyarthralgias Arthritis 4th interphalangeal joint	General pain Dry eye and dry mouth	Polyarthralgias Back pain Inflammatory markers +	Arthromyalgias Fatigue Fever Anti-TNF-a	Polyarthralgias Back pain Fatigue, oral aphthosis	Hand pain and deformity of 2nd PIPs	Left foot edema
Gender	♀	♀	♀	♂	♀	♀	♀
Age	45	47	37	48	39	56	55
Hemogram/Renal/liver function	N	N	N	N	N	N	N
RF/ACPA	(-)	(-)	(-)	(-)	(-)	(-)	(-)
ANA (IFI)/ENAs	+1/160/-	+1/160/-	+1/320/-	+1/160/-	+1/160/-	+1/320/-	+1/80/-
C3, C4	NP	N	NP	NP	NP	NP	NP
Schirmer/Ss	NP	N	NP	NP	NP	NP	NP
CRP/ESR	N	N	21/17	N	N	N	N
Comorbidities	Type 2 DM	Graves Basedow	Hand angioedema	PsA	Graves Basedow	Dyslipidemia	No
RX /MRI	CPPD	Degeneration of left TMC and dorsal spine	L4-L5, L5-S1 Retrolistesis			Mild degenerative signs in PIP and TMCs	Synovial fluid in talo- navicular and tarsal joints
Axial/joint	Degenerative axial and joint signs		C5-C6-C7 Protrusions				
Diagnosis	OA CPPD	OA	OA Discopathy	PsA	Fibromyalgia Chronic fatigue	OA	Resolved foot arthritis

NP: not performed, N: normal, OA: osteoarthritis, PsA: psoriatic arthritis, CPPD: chondrocalcinosis.