azathiopurine (AZA) in 6 patients (15.7%). In one patient, MTX was switched to AZA due to hepatotoxicity. Treatment regimens and responses of the patients are summarised in table 1. IGM lesions disappeared in 24 patients at the end of follow-up. In two patients who were on MTX and KS, surgical excision was required because of unresponsiveness. Among relapsed patients (n=5), 2 patients were on MTX and KS, 1 patient was on AZA and KS and 2 patients were on KS at the time of relapse. In one patient, relapse was observed 1 year after cessation of MTX and KS.

Abstract SAT0599 – Table 1. First line treatments and responses at last follow-up visit*

	MTX+CS (n=32)	AZA+CS (n=6)	CS (n=3)	Observation (n=3)
Age*, years	36.1 (25.6-50.3)	33.8 (28.2-39.9)	28.9 (24.3-57.2)	29.4 (29.4-37.1)
Follow-up duration*, months	8.3 (1.5-54.4)	26.0 (13.8-99.5)	9.6 (3.0-35.8)	8.6 (1.0-13.4)
Duration of immunosuppressive treatment*, months	7.3 (0.9-28.2)	12.9 (8.2-27.3)	-	-
Immunosuppressive dose**	15 (10-15)	150 (100-150)	-	-
Duration of CS treatment*, months	7.0 (0.9-25.8)	13.7 (1.9-99.5)	2.5 (2.0-9.6)	-
Initial CS dose*, mg	30 (10-40)	20 (10-30)	20 (10-30)	-
CS dose at last control visit*, mg	7.5 (0-30)	0 (0-10)	10 (10-15)	-
Patients who discontinued CS, n (%)	12 (37.5)	3 (50.0)	-	-
Response to treatment				
Unresponsive, n (%)	5 (17.2)	1 (16.7)	-	-
Partial response, n (%)	1 (3.4)	-	1 (33.3)	-
Complete response, n (%)	23 (79.2)	5 (83.3)	2 (66.7)	2 (66.7)

* Lesion size at last follow-up visit was available in 40 patients

* Values are given as median (min-max)

* Treatment doses are presented as mg/week for MTX and mg/day for AZA.

Conclusions: In a case series previously published by our study group, the efficacy of the combined use of KS and immunosuppressant's in IGM treatment was retrospectively studied.¹ In this study, the efficacy of immunosuppressive therapy has been demonstrated with prospective approach.

REFERENCE:

[1] Konan A, et al. Breast Care 2012;7:297–301.

Disclosure of Interest: None declared

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SAT0600 MULTICENTRIC RETICULOHISTIOCYTOSIS (1980–2017): CLINICAL CORRELATES, TREATMENT OUTCOMES & ASSOCIATION WITH AUTOIMMUNITY & MALIGNANCY

A.S. Sandhu, C.S. Crowson, D.A. Wetter, G.A. McKenzie, A. Makol. MAYO CLINIC, Rochester, USA

Background: Multicentric reticulohistiocytosis (MRH) is a rare systemic disease characterised by papulo-nodular skin eruptions and a rapidly progressive, deforming arthritis. It can mimic rheumatic disorders such as rheumatoid arthritis or dermatomyositis. Immunosuppression is often helpful, but challenging due to the association of MRH with malignancy.

Objectives: To examine the clinical correlates and outcomes of MRH and its association with malignancy and other autoimmune conditions

Methods: A retrospective review of all patients with MRH treated at our institution between 01/01/1980 and 04/30/2017 was performed. Demographics, clinical features, laboratory tests, imaging findings, histopathology, treatments and outcomes were abstracted. Data on autoimmune disorders and malignancies before and after MRH diagnosis were collected.

Results: We identified 24 patients with MRH (58% female, 75% Caucasian, mean age at diagnosis 52 y). Median length of follow up was 2.3 y. All patients had confirmed diagnosis by histopathology (23 skin, 7 synovial). All patients had cutaneous and articular involvement. Nodular skin lesions were noted in 96% patients (periungual area and dorsal hand in 87%, periarticular 61% [around DIP 42%, PIP 25%, MCP 8%], face 54%, arms 42%, back 29%, neck 21%, legs 21%, ears 12%, scalp 12%). Mucosal nodules were noted in 30%. Regarding articular involvement, 22 (92%) had arthralgia, 21 (88%) patients had joint swelling, and 13 (54%) had synovitis. Frequency of joint involvement was upper extremity PIP (29%) > upper extremity DIPs, MCPs, wrist > MTPs, Toes > Knees > Elbows. Radiographic erosions were noted in 67% patients. Constitutional symptoms included fatigue,¹⁵ unintentional weight loss,¹⁰ lymphadenopathy⁴ and pruritis.¹¹ Systemic features included dysphagia,⁵ photosensitivity,⁴ dry eyes,³ pericarditis² and pleuritis.¹ Several patients had positive autoimmune serologies: ANA,⁸ RF,⁵ Anti-CCP,³ SS-A,³ SS-B,² Anti-DsDNA.¹ A third of patients had concomitant autoimmune disorders: inflammatory arthritis,³ Sjögrens,¹ chronic focal granulomatous nephritis,¹ JRA,¹ psoriasis,¹ myasthenia gravis and ITP.¹ A third of patients (8/24) had malignancy: malignant melanoma,³ basal cell carcinoma,² and 1 each with ovarian carcinoma, squamous cell carcinoma lung, peritoneal

adenocarcinoma, and endometrial carcinoma. Most patients were treated with systemic glucocorticoids¹⁵ and oral DMARDs¹³: methotrexate,⁸ cyclophosphamide,¹⁰ chlorambucil² and cyclosporine.¹ Biologics were used in 4 patients (1 infliximab, 2 etanercept, 1 adalimumab). Only 2 patients had complete resolution of their symptoms, while majority showed only partial improvement. 10 (44%) patients developed joint deformities involving: wrist,⁴ MCP,⁴ PIP,⁷ DIP,⁴ knee² and MTP.³ None had arthritis mutilans. 75% patients were alive at last follow up.

Conclusions: To our knowledge, this is the largest series of MRH patients from a single institution, highlighting the rarity of the condition, and an unmet need for treatment options that can allow sustained disease remission. We emphasise the need for histopathology to distinguish it from mimicking rheumatic conditions and initiating early aggressive treatment to potentially prevent deforming joint disease. A high vigilance for malignancy and other autoimmune diseases is necessary.

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SAT0601 ANTI-IL6-RECEPTOR TOLICIZUMAB IN GRAVES' ORBITOPATHY. MULTICENTER STUDY OF 29 PATIENTS

B. Atienza-Mateo¹, V. Calvo-Río¹, J.L. Martín-Varillas¹, R. Demetrio-Pablo¹, E. Valls-Pascual², B. Valls-Espinoza², O. Maiz-Alonso³, A. Blanco³, I. Torre⁴, V. Rodríguez-Mendez⁴, Á. García-Aparicio⁵, R. Veroz González⁶, V. Jovani Casano⁷, D. Peiteado López⁸, M. Sanchez Orgaz⁸, S. Castañeda Sanz⁹, E. Tomero⁹, F.J. Toyos Sáenz¹⁰, M. Valvanera Pinillos¹¹, E. Aurrecoechea¹², Á. Mora¹², M. Á. González-Gay¹, R. Blanco¹. ¹Rheumatology and Ophthalmology, Hospital Universitario Marqués de Valdecilla. IDIVAL, Santander; ²Rheumatology, Hospital Peset, Valencia; ³Rheumatology and Ophthalmology, Hospital Universitario de Donostia, San Sebastián; ⁴Rheumatology and Ophthalmology, Hospital Universitario de Basurto, Bilbao; ⁵Rheumatology, Hospital Virgen de la Salud, Toledo; ⁶Rheumatology, Hospital de Mérida, Mérida; ⁷Rheumatology, Hospital General de Alicante, Alicante; ⁸Rheumatology and Ophthalmology, Hospital Universitario La Paz; ⁹Rheumatology, Hospital de La Princesa, Madrid; ¹⁰Rheumatology, Hospital Universitario Virgen Macarena, Sevilla; ¹¹Rheumatology, Hospital San Pedro, Logroño; ¹²Rheumatology and Ophthalmology, Hospital Sierrallana, Torrelavega, Spain

Objectives: To assess the efficacy of Tocilizumab (TCZ) in refractory thyroid associated orbitopathy (TAO) due to Grave's disease.

Methods: Multicenter study of 29 patients with TAO refractory to conventional immunosuppressive therapy.

Results: We studied 29 patients (58 eyes) (23 women/6 men); mean age at diagnosis 48.79±12.39 years. Besides oral corticosteroids and before the onset of TCZ, patients had been treated with pulses of intravenous methylprednisolone (n=24), methotrexate (n=2) and other drugs (methimazole in 4 cases, leflunomide in 1, selenium in 9). Urgent decompressive surgery had to be performed in 2 patients.

According to the classification of severity of the EUGOGO group (European Group on Graves' Orbitopathy) using the clinical activity score (CAS), before TCZ onset patients whose data were available had severe (n=14 eyes) or moderate