AB0676
EFFICACY OF RITUXIMAB THERAPY AGAINST ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODY-RELATED HYPERTROPHIC PACHYMENINGITIS: A CASE SERIES
K. Kohsawari1, D. Nakagomi, S. Hanai, M. Yamasata2, T. Sugiyama, H. Kawashima3, M. Hiragi, T. Kasuya, S. Funuta, K. Ikeda, H. Nakajima4, K. Kitamura5, 1Third Department of Internal Medicine, University of Yamashita, Chuo city, Yamanashi, 2Department of Rheumatology, National Hospital Organization, Shimoshizu Hospital, 3Department of Internal Medicine, Narta Red Cross Hospital, 4Department of Allergy and Clinical Immunology, Chiba University Hospital, Chiba, Japan

Background: Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis presents with various symptoms. ANCA-associated hypertrophic pachymeningitis (HP) is a very rare pathology.

Methods: Seven patients were identified by retrospective chart review from local registries at four Hospitals in Japan. All patients met Chapel Hill 2012 Consensus Conference definitions of ANCA-associated vasculitis and were complicated with HP. We assessed the dose of prednisolone, CRP, and MRI findings of HP before and after RTX administration.

Results: Three female and 4 male were evaluated. Median age was 66 years old. Four cases had HP at the onset of vasculitis. Relapse of HP before RTX administration was found in 2 cases. RTX was used as an initial treatment in one patient. Daily dose of prednisolone and CRP were significantly decreased from baseline levels 24 weeks after RTX treatment. Evaluation of HP by contrast MRI showed improvement in six of seven cases. No relapse after RTX treatment was observed during the follow-up period of 24 weeks. Severe adverse effects were not found in any patients.

Conclusions: Our case series highlight the efficacy of RTX against patients with difficult-to-treat ANCA-associated HP. Future studies in this context in a prospective manner are definitely required to establish the B-cell depletion therapy by RTX as a treatment option for ANCA-associated HP.

REFERENCES:

Disclosure of Interest: None declared

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BONE MINERAL DENSITY AND GLUCOCORTICOID TREATMENT IN PATIENTS WITH GIANT CELL ARTERITIS AND/OR POLYMYALGIA RHEUMATICA
K. N. Zeiner, D. Freier, E. Wiebe, B. Robert, U. Schneider, T. Alexander, F. Buttgereit. Rheumatology and Clinical Immunology, Charité University Hospital, Berlin, Germany

Background: Glucocorticoids (GC) are widely used in treating giant cell arteritis (GCA) and polymyalgia rheumatica (PMR) because of their strong anti-inflammatory and immunomodulatory effects. However, considerable adverse effects like osteoporosis can occur, especially when GC are used as a long-term treatment and disease relapses are frequent. While additional treatment options with conventional immunosuppressive drugs such MTX showed improvement in six of seven cases. No relapse after RTX treatment was observed during the follow-up period of 24 weeks. Severe adverse effects were not found in any patients.

Conclusions: Our case series highlight the efficacy of RTX against patients with difficult-to-treat ANCA-associated HP. Future studies in this context in a prospective manner are definitely required to establish the B-cell depletion therapy by RTX as a treatment option for ANCA-associated HP.

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Disclosure of Interest: None declared

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PERIPHERAL ULCERATIVE KERATITIS ASSOCIATED WITH AUTOIMMUNE SYSTEMIC DISEASES: VISUAL PROGNOSIS AND OCCURRENCE WHILE SYSTEMIC DISEASE IN REMISSION
L. Pelegri1, J. Hernández-Rodríguez2, J. Torras3, G. Espinosa, A. Adán3, M. T. Sanz3, 1Uveitis unit 2Autoimmune diseases; 2Hospital Clinic, Barcelona, Spain

Background: Peripheral ulcerative keratitis (PUK) is a cornell crescent-shaped inflammatory damage with/out concomitant scleritis. PUK can occur isolated or as part of an underlying systemic disease (SD).

Objectives: Objective: To characterise a cohort of PUK patients with a long-term follow-up and to evaluate clinical (ocular and systemic) parameters as predictors of ocular prognosis, in terms of relapses and visual outcomes.

Methods: Methods: Retrospective review (1996–2017) of patients with PUK from a multidisciplinary Uveitis Unit (Ophthalmology/Autoimmune Diseases). Data recorded included ophthalmological features, clinical assessment and laboratory markers at disease onset, and therapeutic interventions, ocular relapses and visual outcomes during follow-up.

Results: Results: Among 18 PUK patients evaluated, 3 were idiopathic, 3 infectious and 12 (67%) associated with systemic diseases (SD-PUK): 8 rheumatoid arthritis (RA), 2 ANCA-scleritis, 1 SLE and 1 Takayasu’s arteritis. Among SD-PUK patients, sex ratio favoured women (rate 9:3) with a median age of 72 (range 33–85) years. Unilateral/bilateral involvement occurred in 7/5 patients and associated scleritis in 50% (11 eyes). All patients presented with eye pain/redness and visual impairment. Four (33%) patients (5 eyes) suffered ocular perforation and required surgery. All patients received topical glucocorticoids (GC), 75% systemic GC, 33% additional immunosuppressant, and 42% biologic therapy. Mean follow-up were 7.3 (range 0.5–12) years. The annual relapse rate was 0.3. Final visual acuity worsened in 42% (8 eyes). In 10 (83%) patients PUK onset occurred previous to SD diagnosis or with SD in remission, and only 3 (25%) were receiving...