CONCLUSIONS: Patient characteristics were summarised in Table 1; bacteremic patients were younger. PCT was elevated in bacteremic patients, and was undetectable in all other subjects (Table 2). There were trends towards higher ESR and CRP in bacteremic patients, but these were not statistically significant.

Conclusions: Serum PCT levels appear to be a reliable biomarker to distinguish bacteremic patients, but these were not statistically significant.

REFERENCE:

Disclosure of Interest: None declared

Table AB1119 – Clinical characteristics of Colombian patients with JM.

<table>
<thead>
<tr>
<th>Characteristic in JM</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symmetrical muscle weakness</td>
<td>27</td>
<td>72.97</td>
</tr>
<tr>
<td>Gottron’s papules</td>
<td>33</td>
<td>89.19</td>
</tr>
<tr>
<td>Heliotrope rash</td>
<td>23</td>
<td>62.16</td>
</tr>
<tr>
<td>Calcinosis cutis</td>
<td>14</td>
<td>37.84</td>
</tr>
<tr>
<td>Gastrointestinal involvement</td>
<td>6</td>
<td>16.22</td>
</tr>
<tr>
<td>Pulmonary involvement</td>
<td>4</td>
<td>10.81</td>
</tr>
<tr>
<td>Articular involvement</td>
<td>9</td>
<td>24.32</td>
</tr>
<tr>
<td>Amyopathic</td>
<td>9</td>
<td>24.32</td>
</tr>
<tr>
<td>ANA(+)</td>
<td>14</td>
<td>37.84</td>
</tr>
<tr>
<td>EMG Myopathic changes</td>
<td>9/23</td>
<td>24.32</td>
</tr>
<tr>
<td>Biopsy-proven myopathy</td>
<td>Positive</td>
<td>4</td>
</tr>
<tr>
<td>Negative</td>
<td>12</td>
<td>32.43</td>
</tr>
</tbody>
</table>

Abstract AB1121 – Table 1. Clinical characteristics of Colombian patients with JM.

Table AB1121 – Evaluation of cases diagnosed with CRMO; Single Centre Experience

| S. Cekic, Y. Karal, S.S. Kilic, Uludag University, Bursa, Turkey |
|---------------------|--------|-----|
| Background: Chronic recurrent multifocal osteomyelitis (CRMO); is a rare autoimmune inflammatory bone disease characterised by recurrent, sterile inflammatory |

Conclusions: Our results agreed with those obtained in other multi-centred studies including Latin America that evaluated clinical and therapeutic characteristics in children with myopathy, Gottron’s sign and papules being the most common findings and with high rates of calcinosis and joint involvement. There was a significant difference between remission lapses in patients younger than 15 years compared to older ones.

REFERENCE:

Disclosure of Interest: None declared

Table AB1120 – Thyroid hormone concentrations in children with juvenile idiopathic arthritis from a single tertiary referral centre

| R. Ercuciuc1,2, N. Revenco1,2, 1Paediatric Department, State University of Medicine and Pharmacy “Nicolae Testemiţanu”; 2Paediatric Rheumatologic Unit, Scientific Research Institute for Mother and Child Health Care, Chisinau, Moldova, Republic of |
|---------------------|--------|-----|
| Background: Despite mounting evidence linking both endocrine disorders and rheumatic diseases, there is a lack of studies investigating any association between the prevalence and clinical characteristics of thyroid disorders and juvenile idiopathic arthritis (JIA).

Objectives: The aim of this study is to assess the prevalence of abnormalities in thyroid function in patients with JIA, and to investigate the possible association between this endocrine disorder and specific disease activity markers.

Methods: Thirty patients diagnosed with JIA according to the International League of Association for Rheumatology were screened for thyroid diseases. We performed stratified analyses by sex, age, subtype of JIA, disease duration, the Juvenile Arthritis Disease Activity Score (JADAS-71), clinical peculiarities, laboratory values and ultrasound examination of thyroid gland.

Results: Our results revealed that 67% of patients were girls. The mean age of the studied group was 127.5±8.8 months, the median age at diagnosis was 74.3±8.4 months and the median disease duration was 50.8±9.3 months. The most frequent types of JIA were oligoarticular (40%), polyarticular negative RF (34%) and systemic (20%). The median JADAS-71 score was 16.9±1.64 [range values from 5 to 34]. The status of the thyroid function in those patients was euthyroidism. Contrary to other findings in the literature, a high free triiodothyronine was recorded in 33% of cases. However, specific antibodies as antithyroglobulin and antithyroid peroxidase were not detected in any patients. The ultrasound examination of thyroidal gland revealed abnormalities in 30% cases, most of them with cystic changes (26.6%) and hypo-echogenicity (23.3%). In 2 cases were detected 2 thyroid nodules. Furthermore, 2 patients presented mean thyroid volume above 5SDS according their age reference values. An increased vascular flow pattern on Doppler examination of thyroid gland was found in 10% cases. Correlation and regression analysis showed low age at diagnosis and JADAS-71 score (more than 20) to be predictors for those thyroid disorders.

Conclusions: The goal of early identification of endocrine comorbidities in rheumatic diseases is to prevent and limit the clinical disease impact. The identification of autoimmune diseases in preclinical stage secondary to juvenile idiopathic arthritis allow a better disease control and quality of life.

REFERENCE:

Disclosure of Interest: None declared

Table AB1120 – Thyroid hormone concentrations in children with juvenile idiopathic arthritis from a single tertiary referral centre

| R. Ercuciuc1,2, N. Revenco1,2, 1Paediatric Department, State University of Medicine and Pharmacy “Nicolae Testemiţanu”; 2Paediatric Rheumatologic Unit, Scientific Research Institute for Mother and Child Health Care, Chisinau, Moldova, Republic of |
|---------------------|--------|-----|
| Background: Despite mounting evidence linking both endocrine disorders and rheumatic diseases, there is a lack of studies investigating any association between the prevalence and clinical characteristics of thyroid disorders and juvenile idiopathic arthritis (JIA).

Objectives: The aim of this study is to assess the prevalence of abnormalities in thyroid function in patients with JIA, and to investigate the possible association between this endocrine disorder and specific disease activity markers.

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Results: Our results revealed that 67% of patients were girls. The mean age of the studied group was 127.5±8.8 months, the median age at diagnosis was 74.3±8.4 months and the median disease duration was 50.8±9.3 months. The most frequent types of JIA were oligoarticular (40%), polyarticular negative RF (34%) and systemic (20%). The median JADAS-71 score was 16.9±1.64 [range values from 5 to 34]. The status of the thyroid function in those patients was euthyroidism. Contrary to other findings in the literature, a high free triiodothyronine was recorded in 33% of cases. However, specific antibodies as antithyroglobulin and antithyroid peroxidase were not detected in any patients. The ultrasound examination of thyroidal gland revealed abnormalities in 30% cases, most of them with cystic changes (26.6%) and hypo-echogenicity (23.3%). In 2 cases were detected 2 thyroid nodules. Furthermore, 2 patients presented mean thyroid volume above 5SDS according their age reference values. An increased vascular flow pattern on Doppler examination of thyroid gland was found in 10% cases. Correlation and regression analysis showed low age at diagnosis and JADAS-71 score (more than 20) to be predictors for those thyroid disorders.

Conclusions: The goal of early identification of endocrine comorbidities in rheumatic diseases is to prevent and limit the clinical disease impact. The identification of autoimmune diseases in preclinical stage secondary to juvenile idiopathic arthritis allow a better disease control and quality of life.

REFERENCE:

Disclosure of Interest: None declared
lesions occurring primarily in children and adolescents. Symptoms of presentation may range from mild unsppecific bone pain, local swelling and warmth to severe pain, malaise, fevers and even fractures.

Objectives: In this study, we aimed to evaluate our patients who had a diagnosis of CRMO, retrospectively.

Methods: Six patients who were diagnosed with CRMO between 2010–2017 years were included in the study. The CRMO diagnosis was based on characteristic clinical features and magnetic resonance imaging findings. The clinical data were obtained from the records of electronic files.

Results: The female to male ratio of the cases was 4/2 and the median age was 11.15 years. The age of diagnosis was 10.35 years (4–12.5), the median period for diagnosis delay was 3 years (0.75–8). The most common complaint was localised pain (n=6, 100%). Accompanying diseases were detected in 3 patients; 1 case had inflammatory myositis, 1 case had PFAPA syndrome and 1 case had selective IgA deficiency. Multifocal bone involvement was present in 4 (66%) cases and unilateral bone involvement in 2 (33%) cases. The most common site of disease was femur. Acute phase reactants were high most of the cases; elevated erythrocyte sedimentation rate (ESR) in 5 cases (83.3, n=6), elevated c-reactive protein level in 4 cases (66.6, n=6), elevated serum amyloid a level in 3 cases (60%, n=5), and elevated fibrinogen in 2 cases (50%, n=4) were present. ANA was found positive at low titer in only 1 case, whereas rheumatoid factor was negative in all cases. Non-steroidal anti-inflammatory drugs were prescribed in all cases and anti TNF drugs in 3 (Etanercept in 2 cases and adalimumab in 1 case). Clinical characteristics of the patients are given in Table 1.

Abstract AB1121 – Table 1. Clinical findings of the cases

<table>
<thead>
<tr>
<th>Initial complaints of cases</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Walking abnormality</td>
<td>4</td>
<td>66.7</td>
</tr>
<tr>
<td>Swelling on bone</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Weight loss</td>
<td>1</td>
<td>16.7</td>
</tr>
</tbody>
</table>

Distribution of involved bones

| Femur                  | 4 | 66.7 |
| Ilac bone              | 2 | 33.3 |
| Tibia                  | 2 | 33.3 |
| Calcaneus              | 1 | 16.7 |
| Vertebro column        | 1 | 16.7 |
| Acetabulum             | 1 | 16.7 |

Treatment

| Ibuprofen              | 3 | 50 |
| Naproxen Na            | 2 | 33.3 |
| Aspirin                | 1 | 16.7 |
| Indomethacin           | 1 | 16.7 |
| Adalimumab             | 1 | 16.7 |

Results: In the GPS group one of the girls still continues on hemodialysis with no pulmonary symptoms for more than 14 years follow-up. The second girl was treated with immunoadsorption after which remained antibody negative. On the follow-up she is managed conservatively for chronic kidney disease. Two of the girls died because of severe pulmonary bleeding caused by exposure to fragrant smoke during incense. The boy was treated conservatively because of mild pulmonary and kidney involvement and died from pulmonary bleeding caused by smoke. In the GPA group the girl underwent kidney transplantation and died one month later, and the boy died because of severe pulmonary bleeding. The 8 months old boy with mPAN was treated by dialysis with some clinical improvement but after six months died because of thrombus in the right atrium. The girl with Takayasu arteritis was treated with CAPD but died because of cardiacopulmonary complications.

Conclusions: End stage renal disease is poor prognostic factor for survival in paediatric patients with systemic vasculitis. 75% of the children died in a period of 5 months after initiation of dialysis treatment.

Disclosure of Interest: None declared


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**DO CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS PLAY AN ACTIVE ROLE IN THEIR TREATMENT? ADHERENCE? FIRST RESULTS OF THE RUMAJI STUDY**

G. MONTAGU1, E. Mevel1, L. Rossi Semerano2, E. Solau Gervais3, S. Tinge4, J.-D. Cohen5, on behalf of ANDAR patient organisation.

**Sociology and research,**

Unknowns: 1Kremlin Bièvre Hospital, Paris; 2Hospital, Poitiers, France

Background: Adherence to DMARDs such as methotrexate and biologics is critical for patients with Juvenile Idiopathic Arthritis (JIA). Notwithstanding, few studies exist on that topic and we lack information to understand the grounds for adherence.

Objectives: The RUMAJI study aims, among others, to understand and decipher the parents and children adherence mechanisms and practices.

**Methods**: Qualitative methods were chosen in order to investigate parents’ and children’s everyday life with JIA and its treatment. An ethnographic study was designed by a multidisciplinary team including rheumatologists, paediatricians, patient associations members and anthropologists. The study involved 15 families (enough to reach saturation), recruited from 5 centres by diversity of clinical and sociological profiles. The panel included 17 children with JIA, 11 girls and 6 boys, median age 10.3 years, median disease duration 2.5 years. 10 children were treated with conventional DMARDs in monotherapy, 4 with biologic DMARDs in monotherapy, 5 with CD-MARD-bDMARD association and 4 with NSAIDs only.

Interviews were conducted by anthropologists at family’s home using in-depth semi directive and biographic methods. 3 fields were explored: organisation of everyday life with JIA, treatment practices, impact on school and social activities.

Interviews were recorded and transcribed for analysis.

**Results**: Adherence results from an appropriation process of the JIA and treatment that require both an active role from parents and children, even before the transition. This active role played by children could be either stimulated or inhibited at home according to the family’s structure, social background and parents’ attitudes toward their child (participation to the decision, explanation of the disease).

Children’s active role includes in particular: 1) negotiations with parents and physician, 2) experiments with the treatment (forgetting or involuntary switch from the parents, changing the dosage on their own initiative) and 3) participation to the treatment administration and ritualization.

The manner children consider and manage their DMARDs is the result of an appropriation process of the JIA and treatment that require both an active role from parents and children, even before the transition. This active role played by children could be either stimulated or inhibited at home according to the family’s structure, social background and parents’ attitudes toward their child (participation to the decision, explanation of the disease).

Children’s active role includes in particular: 1) negotiations with parents and physician, 2) experiments with the treatment (forgetting or involuntary switch from the parents, changing the dosage on their own initiative) and 3) participation to the treatment administration and ritualization.

Background: Childhood-onset systemic vasculitis is a rare but serious condition with high mortality rate even with proper treatment. Renal involvement at presentation is a high risk for end stage renal disease (ESRD).

Objectives: The aim of our study was to review the results of the dialysis treatment in paediatric patients with systemic vasculitis in a single dialysis centre for children in Bulgaria.

**Methods:** For a period of 20 years we observed 9 clinical cases of systemic vasculitis – 5 cases of Goodpasture syndrome (GPS) – 4 girls and 1 boy from 6 to 17 years old; one 6 year old girl and one 12 year old boy with Granulomatosis with polyangitis (GPA); an 8 month old boy with microscopic polyangitis (mPAN), and one 8 year old girl with Takayasu arteritis. Seven of the children were treated by hemodialysis because of progressive kidney failure leading to ESRD, one of them was treated by continuous ambulatory peritoneal dialysis (CAPD) and one conservatively.

**Results:** In the GPS group one of the girls still continues on hemodialysis with no pulmonary symptoms for more than 14 years follow-up. The second girl was treated with immunoadsorption after which remained antibody negative. On the follow-up she is managed conservatively for chronic kidney disease. Two of the girls died because of severe pulmonary bleeding caused by exposure to fragrant smoke during incense. The boy was treated conservatively because of mild pulmonary and kidney involvement and died from pulmonary bleeding caused by smoke. In the GPA group the girl underwent kidney transplantation and died one month later, and the boy died because of severe pulmonary bleeding. The 8 months old boy with mPAN was treated by dialysis with some clinical improvement but after six months died because of thrombus in the right atrium. The girl with Takayasu arteritis was treated with CAPD but died because of cardiopulmonary complications.

**Conclusions:** End stage renal disease is poor prognostic factor for survival in paediatric patients with systemic vasculitis. 75% of the children died in a period of 5 months after initiation of dialysis treatment.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2018-eular.5499
A UK STUDY: VOCATIONAL EXPERIENCES OF YOUNG ADULTS WITH JUVENILE IDIOPATHIC ARTHRITIS

L.E. Lunt1,2, M. Bezzant3, A. Bosworth1, J.E. McDonagh1,2, K. Hynie1,2, W. Thomson1,2, S. Vestergaard1,3. 1Arthritis Research UK Centre for Epidemiology, University of Manchester, Manchester Academic Health Science Centre, The University of Manchester, 2NIHR Manchester Biomedical Research Centre, Manchester University NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, 3National Rheumatoid Arthritis Society (NRAS), Maidenhead; 4Arthritis Research UK Centre for Genetics and Genomics, Centre for Musculoskeletal Research, The University of Manchester, Manchester, UK

Background: Little is known about the experiences of young adults living with Juvenile Idiopathic Arthritis (JIA) preparing for employment and career development.

Objectives: The purpose of this study was to understand the impact JIA has on career planning and early employment experiences of young adults (16–30 years).

Methods: Using existing literature (including grey literature), an online survey (consisted of 152 questions, 29 items related to young adults two of which were free text questions) was developed and sent to UK National Rheumatoid Arthritis Society (NRAS) members and distributed to non-members via social media tools including Facebook, Twitter and HealthUnlocked. Data collected included views and experiences in career planning and employment. The data pertaining to young adults are presented here.

Results: Of 1241 respondents 19 were young adults with JIA (range 16–30 years), 89% were female although 84% had university equivalent qualifications. Due to incomplete responses there is missing data on all 19 young adults. 4/13 young adults were studying at university, 9/13 were in paid employment. 9/17 respondents did not provide additional work-related activities to students with disabilities and/or additional needs. 10/14 young adults felt their school did not offer additional work-related activities to students with disabilities and/or additional needs. 10/14 young adults felt their career advisors would suffer so I changed track slightly. However, 8/14 felt their career advisors did not take their arthritis into account e.g. “I had to cease my physiotherapy master's degree as my arthritis got too bad to continue and change career choice. I wish there would have been more discussion about it not being a reasonable choice for me at the time as we just didn’t have the information then”. 8/14 young adults changed their career plans because of their arthritis with managing JIA symptoms and a physically demanding role, as well as wanting to stay healthy, being the main reasons for changing career. Important aspects of employment included: “good relationships with your line manager, work you like doing and a job you can use your initiative”.

Conclusions: Despite small numbers these results highlight potential current unmet vocational needs of young adults with JIA in the UK and the need for further research with this age group. There appears to be a lack of structured support within schools and universities offered to students with disabilities and/or additional needs, about work-related activities and careers. Young adults with JIA actively consider their condition when thinking about future career plans e.g. “I wanted to work as a ranger or similar for the National Trust but it’s a fairly physically demanding job and I knew my joints would suffer so I changed track slightly”. However, 8/14 felt their career advisors at school/university did not take their arthritis into account e.g. “I had to cease my physiotherapy master's degree as my arthritis got too bad to continue and change career choice. I wish there would have been more discussion about it not being a reasonable choice for me at the time as we just didn’t have the information then”. 8/14 young adults changed their career plans because of their arthritis with managing JIA symptoms and a physically demanding role, as well as wanting to stay healthy, being the main reasons for changing career. Important aspects of employment included: “good relationships with your line manager, work you like doing and a job you can use your initiative”.

Disclosure of Interest: None declared


AB1125

URINARY SOLUBLE CD25 AS A BIOMARKER OF ACTIVE LUPUS NEPHRITIS IN EGYPTIAN CHILDREN WITH JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS

W.A. Hassan1, M.Y. Mahgoup1, E.G. Behiry2. 1Rheumatology and Rehabilitation, Clinical and Chemical Pathology, Benha University, Benha, Egypt

Background: Lupus nephritis (LN) is more prevalent and severe in children than adult and considered a major predictor of poor outcome. Thus, early diagnosis and intervention is associated with better outcomes.

Methods: SOLUBLE CD25 was measured in 60 children with SLE mean age (9.3±2.2 years) and 31 (51.7%) were male. A normalised level of CD25 was determined using a healthy control population.

Results: Forty JIA (27 female) patients were evaluated for Poznanski score and BMD (mean age 7.2±3.4 years), 26 patients (15 female) were evaluated for bone age (mean age 9.3±2.2 years). Assessed by the mean Z-score of RMM2, we did not detect wrist damage at baseline nor at follow-up. Assessed by the mean Z-score of the bone age, we did not detect deviation bone age at baseline nor at follow-up. At baseline BMD was significantly diminished compared to healthy Systemic Lupus International Collaborating Clinics (SLICC) renal activity score was used to assess activity of LN.

Disclosure of Interest: None declared


AB1126

NO RADIOGRAPHIC WRIST DAMAGE AFTER TARGETED TREATMENT IN JUVENILE IDIOPATHIC ARTHRITIS

W.G. van Braak1, D. Schreurs2, P. Hissink Muller1,2, C. Nusman1,4, R. Henkel1, D. Schonenberg1, J. van den Berg3, T. Kuipers1, Y. Koopman1,5, M. van Rossum3, L. van Suijlekom-Smit1, D. Brinkman1, C. Aalst1, R. ten Cate1, M. Maas1.

1Department of Radiology, Academic Medical Center, Amsterdam; 2Department of Pediatric Rheumatology, Leiden University Medical Center, Leiden; 3Department of Pediatrics/Pediatric Rheumatology, Sophia Children's Hospital Erasmus Medical Center, Rotterdam; 4Department of Pediatric Hematology, Immunology, Rheumatology and Infectious Diseases, Emma Children's Hospital AMC, Amsterdam; 5Department of Pediatrics, Hagaziekenhuizen Juliana Children's Hospital, The Hague; 6Department of Pediatric Rheumatology, Amsterdam Rheumatology and Immunology Center Reade, Amsterdam; 7Department of Rheumatology, Leiden University Medical Center, Leiden, Netherlands

Background: Juvenile idiopathic arthritis (JIA) is characterised by chronic inflammation of the joints which can lead to structural bone damage.

Objectives: The objective of this study was to evaluate the response of new onset JIA patients to an early targeted treatment (T2D2) by conventional radiography.

Methods: JIA patients participating in the BeSt for Kids study (NTR 1574) were eligible in case of wrist involvement at inclusion and if conventional radiographs were available at baseline or within 6 months before or after study inclusion. Follow-up radiographs of hands and wrists after 12–36 months were available for comparison.

Results: Forty JIA (27 female) patients were evaluated for Poznanski score and BMD (mean age 7.2±3.4 years), 26 patients (15 female) were evaluated for bone age (mean age 9.3±2.2 years). Assessed by the mean Z-score of RMM2, we did not detect wrist damage at baseline nor at follow-up. Assessed by the mean Z-score of the bone age, we did not detect deviation bone age at baseline nor at follow-up. At baseline BMD was significantly diminished compared to healthy

Disclosure of Interest: None declared


Abstract AB1126 – Table 1

<table>
<thead>
<tr>
<th>Baseline Z-score (95% CI)</th>
<th>Compared to healthy population</th>
<th>Follow-up Z-score (95% CI)</th>
<th>Compared to healthy population</th>
<th>Change in Z-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poznanski score</td>
<td>0.047 (–0.32 to 0.80)</td>
<td>p=0.795</td>
<td>0.055 (–0.28 to 0.39)</td>
<td>p=0.744</td>
</tr>
<tr>
<td>BMD score</td>
<td>to 0.41</td>
<td>to 0.90</td>
<td>to 0.44 (–0.75 to 0.00)</td>
<td>p=0.008</td>
</tr>
<tr>
<td>Bone age</td>
<td>–0.08 (–0.44 to 0.28)</td>
<td>p=0.651</td>
<td>–0.25 (–0.59 to 0.09)</td>
<td>p=0.574</td>
</tr>
</tbody>
</table>
controls (Z-score −0.71, 95% CI −1.12 to −0.30). BMD at follow-up improved significantly (Z-score −0.44, 95% CI −0.75 to −0.12, p = 0.032). Results are summarised in table 1.

Conclusions: In this cohort of JIA patients treated early and targeted at inactive disease, we have detected no radiographic wrist damage at baseline or follow-up as detected by Poznanski score. BMD was significantly diminished at baseline but improved significantly after follow-up.

REFERENCES:

Disclosure of Interest: None declared

Other orphan diseases

AB1127 PULMONARY ARTERIAL HYPERTENSION AND POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) IN A PATIENT WITH ADULT ONSET STILL’S DISEASE
A. Khan, K. Bhamra, S. El-Ghazali, M. Adler. Rheumatology, Wexham Park Hospital, Frimley Health Foundation Trust, Slough, UK

Background: Pulmonary arterial hypertension is a rare complication of AOSD and there are only a limited number of case reports in the literature. PRES is a rare acute neurological condition characterised by rapid onset of headache, seizures, altered consciousness, visual disturbances and usually very high blood pressure. Brain imaging characteristically shows high signal change in the subcortical white matter, predominantly in the posterior lobes which normalises within days to weeks. There are rare case reports of seizures and other neurologically manifestations associated with AOSD but no published case reports of classic PRES.

Objectives: To share this interesting case with our rheumatology colleagues.

Methods: We present a case of 24 year old Afro-Caribbean lady, diagnosed with AOSD in December 2015, presenting with recurrent fevers, weight loss, polyarticular synovitis, small volume lymphadenopathy, evanescent urticarial rash, hyperferritinaemia (3700 ug/L) and raised CRP (146 mg/L). Rheumatoid factor, ANA, CCP, ENA and ANCA were negative. Injection screen was negative including blood-borne viruses and whole-body imaging was normal.

She was initially treated with pulsed Methylprednisolone 1 g IV for 3 days followed by 40 mg oral prednisolone. She had a good initial response (ferritin 1700 ug/L, CRP 3 mg/L), but four months later we were unable to reduce her prednisolone below 35 mg due to recurrence of symptoms.

She had quite a stormy course over the rest of the year with a number of hospital admissions and her ferritin running as high as 35,000 ug/L and CRP more than 36 mg/L, but improved significantly after follow-up.

Conclusions: We present a case of life threatening AOSD complicated by pulmonary arterial hypertension, PRES and peripheral neuropathy. She has unusually severe disease, which is quite refractory to treatment and has been associated with rare manifestations.

Disclosure of Interest: A. Khan Shareholder of: No, Grant/research support from: No, Consultant for: No, Employee of: No, Paid instructor for: No, Speakers bureau: No, K. Bhamra: None declared, S. El-Ghazali: None declared, M. Adler: None declared

AB1128 EVALUATION OF SERUM VERSICAN LEVELS IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER (FMF)
M.E. Derin1, I. Karadağ1, A.C. Urgan1, G. Toksoy2, G. Asan3, M. Bayram2, H. O. Doğan4, M. Şahin5, A. Şahin6. 1Rheumatology – Internal Medicine; 2Internal Medicine; 3Internal Medicine, Biochemistry Department, Cumhuriyet University Medical Faculty, Sivas, Turkey

Background: Familial Mediterranean fever (FMF) is an autoinflammatory disease which has self-limiting inflammatory attacks placing in polyserositis.1 Versican is an extracellular proteoglycan which interacts with receptors that regulate immune system.2

Objectives: The aim of this study is to measure serum versican levels between FMF and control group.

Methods: Between June 2017 – September 2017 thirty-seven FMF patients with attack-free period that following-up at Cumhuriyet University Faculty of Medicine Department of Internal Medicine Rheumatology and thirty-five healthy volunteers without any rheumatic, systemic and metabolic diseases were enrolled in this study. Clinical findings of all patients were recorded. Blood tests were examined by Elisa method in Cumhuriyet University Department of Biochemistry.

Results: The median age of the FMF patients was 33(15–64) years. Of the FMF patients, twenty-one (56.8%) were female and sixteen (43.2%) were male. The median age of control group was 26(18–38) years. Of the control group fourteen (40%) were female and twenty-one (60%) were male. The median versican level was measured as 18.3 ng/ml in FMF group and 23 ng/ml in healthy group (p<0.05). There was no correlation between eritrosit sedimantation rate (ESR), CRP, fibrinogen, serum amyloid-A (SAA) protein other clinical manifestations, medications and versican levels (table 1).

Conclusions: We have detected no radiographic wrist damage at baseline or follow-up as detected by Poznanski score. BMD was significantly diminished at baseline but improved significantly after follow-up.

REFERENCES:

Disclosure of Interest: None declared

Abstract AB1127 – Figure 1

Abstract AB1128 – Table 1. Subgroup analysis in patients with FMF.

<table>
<thead>
<tr>
<th>Serum Versican Levels ng/ml (median)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR&lt;20 mm/h n=25</td>
<td>20.03</td>
</tr>
<tr>
<td>CRP&lt;10 mg/L n=25</td>
<td>16.5</td>
</tr>
<tr>
<td>CRP&lt;10 mg/L n=12</td>
<td>19.2</td>
</tr>
<tr>
<td>Fibrinogen&lt;200 mg/dl n=9</td>
<td>16.5</td>
</tr>
<tr>
<td>Fibrinogen&gt;200 mg/dl n=28</td>
<td>18.7</td>
</tr>
<tr>
<td>&gt;40 years n=15</td>
<td>18.2</td>
</tr>
<tr>
<td>&lt;40 years n=22</td>
<td>19.5</td>
</tr>
</tbody>
</table>

She continues Anakinra, and Cyclosporine 2 mg/kg body weight has been added since. She has also been started on Tadalafil 20 mg BD for her pulmonary arterial hypertension. Prednisolone has been tapered to 15 mg and she is clinically well with a CRP of 26 mg/L and ferritin of 2600 ug/L.

Note: The ESR and CRP values are in mm/h and mg/L respectively.