presence of sinovitis, power Doppler (PD) signal, bone erosions, and cartilage changes; serology and hand x-ray were requested and evaluated.

Results: We included 5 women and 1 man, mean age was 36.2 ± 10.3 years, and they all had characteristics of acute (4 patients) or chronic (2 patients) VKHD. They received treatment with intravenous methylprednisolone 1 g/day for 3 days combined with cyclophosphamide and thereafter methotrexate (12.5–17.5 mg/week) for maintenance therapy, scheme with which no ocular recurrences have been presented. Two patients had synovitis on physical examination. All patients had PD signal on the ultrasound and they had involvement of both wrists, MCPs and PIPs joints consistent with polyarthritis pattern; additionally bone erosions were detected in 2 patients. Rheumatoid factor and anti citrullinated peptide antibody were negative in all patients

Abstract AB1137 – Figure 1. a) Ocular ultrasonography of patient 1, showing bilateral exudative retinal detachment b) Articular ultrasound of patient 1, showing synovitis with PD signal in both wrists. c) Fundus photographs of the right and left eyes of patient 2 showing exudative retinal detachments d) Articular ultrasound of patient 2, showing synovitis with PD signal in both wrists.

Conclusions: The presence of inflammatory and erosive arthritis in patients with VKHD has only been described in one case recently. We propose that polyarthritis is common manifestation of this rare disease, including erosive arthritis, representing part of the spectrum of the disease, processes that share some features of the genetic susceptibility with rheumatoid arthritis as HLA-DR4, CTLA-4 and STAT4.

REFERENCES:

- [1] Voorduin S, et al. Frecuencia y causa de las uveítis en el Instituto de Oftalmología Conde de Valenciana. *Rev Mex Oftalmol* 2005; 79 (4): 193–196
- [2] Read RW, et al. Revised diagnostic criteria for Vogt- Koyanagi-Harada disease: report of an international committee on nomenclature. *Am J Ophthalmol* 2001; 131:647–652.
- [3] Aydin T, et al. Association of Vogt Koyanagi Harada Syndrome and Sero-negative Rheumatoid Arthritis. *Ethiopian Journal of Health Sciences*. 2016;26(2):193–196
- [4] Baltmr A, et al. Vogt–Koyanagi–Harada syndrome – current perspectives. *Clin Ophthalmol*. 2016; 10: 2345–2361.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5689

AB1138

HIGH LEVELS OF ANTI-U1RNP AND ANTI-SM IN MIXED CONNECTIVE TISSUE DISEASE PATIENTS

E. Grau García¹, P. Jover Carbonell², I. Martínez Cordellat¹, R. Negueroles Albuixech¹, J.E. Oller Rodríguez¹, F.M. Ortiz Sanjuan¹, E. Vicens Bernabeu¹, C. Alcáñiz Escandell¹, K.R. Arevalo Ruales¹, I. Chalmeta Verdejo¹, M. De la Rubia Navarro¹, C. Feded Olmos¹, J.J. Frago Gil¹, R. Gonzalez Mazario¹, L. Gonzalez Puig¹, J. Ivorra Cortés¹, E. Labrador Sánchez¹, C. Najera Herranz¹, I. Canovas Olmos¹, A. Cañada Martínez³, A. Alba Redondo⁴, M.L. Martínez Triguero⁴, J. A. Roman Ivorra¹. ¹Rheumatology Department, HUP La Fe; ²Medical School, UCV; ³Biostatistics Unit, IIS La Fe; ⁴Clinical Analysis Department, HUP La Fe, Valencia, Spain

Background: The mixed connective tissue disease (MCTD) is an autoimmune systemic disease characterised by clinical manifestations that are included in systemic lupus erythematosus (SLE), scleroderma (SSc) or rheumatoid arthritis (RA). Moreover the MCTD exhibits anti-U1RNP high-titer antibodies. However, anti-U1RNP antibodies are not specific or exclusive from MCTD, because of can be detected in other systemic autoimmune diseases as SLE, SSc and RA.

Objectives: To verify the differentiation of MCTD patients from other systemic autoimmune diseases using anti-U1RNP titers. The secondary objective is to characterise anti-U1RNP titer in other systemic autoimmune diseases with clinical manifestation.

Methods: An observational retrospective study of patients with inflammatory autoimmune disease evaluated in the Rheumatology Department from 2012 since 2016 was performed. In all cases a blood-test with anti-U1RNP, anti-Sm, anti-Ro, and anti-La analysis was conducted. Clinical data was registered according to the patients' medical history, with special emphasis being placed on renal affection, vascular affection, pulmonary hypertension, arthritis-synovitis, tendonitis-tenosynovitis, dry eye syndrome and Raynaud's phenomenon. Biostatistical analysis was performed using R.

Results: We collected data from 355 patients with a mean age of 50.84 (15.49) years, 98.55% of them were female. 13.8% of patients showed anti-U1RNP high titers (up to 20 pg/mL), and a significant increase of anti-U1-RNP in MCTD patients in contrast to other connective pathologies ($p < 0.0001$) was observed. Anti-Sm antibody also exhibit significantly higher values in MCTD patients than in RA ($p = 0.025$) or scleroderma ($p = 0.003$). No differences in anti-Ro and anti-La levels among all diagnosis were observed. Patients with the high anti-U1-RNP levels, regardless of the diagnosis, showed more Raynaud's phenomenon and vascular affection, ($p < 0.001$ y $p = 0.008$). Related to Anti-Ro and anti-La, high titer of these antibodies in patients with Dry eye syndrome was observed ($p < 0.001$). Specifically in SLE patients, those with the highest levels of anti-U1-RNP exhibit Raynaud's phenomenon ($p < 0.001$), highest levels of anti-La was shown in those patients with renal affection ($p = 0.02$) and the highest levels of anti-Ro and anti-La was shown in those patients with Dry eye syndrome ($p = 0.002$ and $p = 0.006$).

Conclusions: In our patient series anti-U1RNP were significantly elevated in MCTD diagnosis, and in lesser extent anti-Sm antibodies. Anti-Ro and anti-La antibodies are increased in dry eye syndrome patients. In SLE patients, anti-La increased levels were associated to renal affection.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6402

AB1139

RITUXIMAB FOR SCLERITIS AND PERIPHERAL ULCERATIVE KERATITIS ASSOCIATED WITH RHEUMATOLOGIC DISEASE

E. Valls Pascual¹, I. Benítez Hurtado², L. Martínez-Costa Pérez², C. Vergara Dangond³, M. Aguilar Zamora¹, L. Montolio Chiva¹, A.V. Orenes Vera¹, A. Ybáñez García¹, Á. Martínez. Ferrer¹, J.J. Alegre Sancho¹. ¹Rheumatology; ²Ophthalmology, HOSPITAL DOCTOR PESET, València; ³Rheumatology, Hospitales Madrid, Madrid, Spain

Background: Some types of ocular surface inflammatory diseases are often related to rheumatic conditions: 37% of scleritis (especially diffuse and necrotizing forms) and 60% of peripheral ulcerative keratitis (PUK). Rheumatoid arthritis (RA) and ANCA-associated vasculitis are the most frequently related conditions. Significant loss of visual acuity can be observed if these ocular diseases are not properly treated. To date, no approved therapies are available. Consequently, the management of these ocular diseases are based on published evidence coming from clinical trials (scarce and often with a low sample size), observational studies and case reports. There are positive efficacy data of rituximab (RTX) for ocular surface inflammatory disease.^{1–4}

Objectives: To describe our experience with RTX as a therapy for severe ocular surface inflammatory diseases associated to rheumatic conditions.

Methods: This is a retrospective observational study. It includes patients with severe scleritis or PUK associated to rheumatic diseases diagnosed and managed at our Multidisciplinary Uveitis Clinic between January 2006 and November 2017. We recorded demographic and clinical variables. As outcome variables we used the