Abstract AB1139 – Table 1. RTX for scleritis and PUK

	Age (ys)	Gender	Ocular disease	Rheumatic disease	Comorbidities	Previous treatment	RTX cycles	Δ VA	Inflammatory activity	AE	Follow up (ms)
1	55	F	PUK	RA	Amiloidosis	MTX, CS-A, IFX, MPLN ev	1	+0.1	No	No	132
2	58	F	Scleritis	GPA	HBV chronic carrier, LTI	MPLN ev, PDN	1	+0.1	No	No	19
3	59	F	Scleritis	RP	DM	MTX, CS-A, PDN, DXM io	1	0	Diffuse nodular scleritis	No	17
4	75	M	Scleritis	RP	DM, Sweet's syndrome, myelo displasic syndrome	MTX, CS-A, ETN, PDN	1	+0.5	No	No	11
5	75	F	PUK	RA	Previous thyroid CA, asthma	MTX, PDN	1	+0.5/ +0.1	No	No	25
6	60	F	PUK	RA	No	MTX, AKR, IFX, PDN	2	+0.1	No	No	128
7	70	M	PUK	RA	LTI	MTX, CS-A, TCZ, PDN	1	+0.1	No	No	10
8	53	F	PUK	RA	CSC	MTX, LFN, PDN	1	+0.1/0	No	No	7

change in visual acuity and the presence of inflammatory activity by biomicroscopy.

Results: VA: visual acuity, AE: adverse events, RA: rheumatoid arthritis, GPA: granulomatosis with polyangiitis, RP: relapsing polychondritis, LTI: latent tuberculous infection, DM: diabetes mellitus, CSC: central serous chorioidopathy, MPLN: metilprednisolone, PDN: prednisone, DXM: dexametasone, MTX: methotrexate, CS-A: cyclosporine, LFN: leflunomide, IFX: infliximab, ETN: etanercept, AKR: anakinra, TCZ: tocilizumab.

Conclusions: As previously described we consider rituximab as an effective therapy for severe ocular surface inflammatory diseases related to rheumatic conditions when other immunosuppressant drugs fail or are contraindicated.

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AB1140

COMPARISON OF CUT-OFF VALUES FOR FERRITIN TO DISCRIMINATE ADULT ONSET STILL'S DISEASE FROM OTHER CAUSES OF FEVER OF UNKNOWN ORIGIN: RESULTS OF A PROSPECTIVE STUDY

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Background: Adult onset Still's disease (AOSD) is a rare, auto-inflammatory disease that commonly presents as fever of unknown origin (FUO). As AOSD can cause complications as reactive lymphohistiocytosis that can be mortal, discriminating AOSD from FUO is important. Ferritin, an acute phase reactant, is commonly high in patients with AOSD as a part of systemic inflammation.

Objectives: To determine a cut-off value of ferritin that favours AOSD over FUO.

Methods: Data from patients who admitted to Hacettepe University Hospitals, inpatients sections of department of internal medicine with the complaint of FUO collected prospectively during 30 months. Patients with uncertain diagnosis after all diagnostic procedures excluded. AOSD patients followed at Hacettepe University department of rheumatology were included. Of AOSD patients whose initial test ferritin levels were not available also excluded. For determination of cut-off values, receiver operator curve (ROC) analysis were done for each predetermined value. Upper normal level in our laboratory for ferritin is 336 ng/ml.

Results: Total 150 patients (n=63, for AOSD; n=87, for FUO) were included. Median ferritin level was significantly higher in AOSD group [1705 (657–6417) ng/ml vs. 424 (141–1188) ng/ml, p<0.001]. FUO group were also divided into three subgroups: rheumatologic (n=31, 35.6%), infectious (n=28, 32.2%) and malignant (n=28, 32.2%) causes. Median ferritin levels for these subgroups were 222 (104–1020), 527 (145–1057), 599 (166–2766) ng/ml, respectively. Area under curve

(AUC) 95% confidence intervals, sensitivity and specificity for predetermined cut-off values are given in Table-1. ROC curve for all ferritin levels are given in Figure 1.

Abstract AB1140 – Table 1

Cut/off value (ng/ml)	Area under curve (AUC)	Sensitivity, %	Specificity, %	p value	95% Confidence Interval (CI)
>UNL	0,73	98	49	<0001	0,65–0,81
>3xUNL	0,66	64	68	0001	0,56–0,74
>5xUNL	0,67	52	82	<0001	0,58–0,74
>750	0,69	75	63	<0001	0,60–0,77
>1250	0,66	59	76	0001	0,57–0,75
>2500	0,66	43	85	0001	0,57–0,75

*UNL: Upper normal limit (for ferritin: 336 ng/ml)

Figure-1: ROC analysis for each ferritin level (AUC 0,77%95 CI: 0.70–0.84, p<0.001)

Conclusions: For each cut-off values for ferritin, test performances were quite well to differentiate patients with AOSD from FUO. While ferritin levels higher than upper normal level have 98 percent sensitivity, ferritin levels higher than 5 times of upper normal level have 82 percent specificity. Large number of patients in each FUO subgroup is needed to determine ferritin test performance for each particular group of patients to differentiate from AOSD.

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