inflammatory back pain (IBP) obtained from rheumatological system questionnaire in the patients' charts were recorded. The x-ray and MR images of sacroiliac joint registered in the PACS system were evaluated by a Rheumatologist. Patients with inflammatory low back pain and sacroiliitis detected by X-ray or MR were included in the FMF with axial spondylarthritis (FMF-SPA) group and others to FMF group. The frequency of MEFV gene mutations were compared between two groups.

Results: The frequency of M694V, M680I, V726A, E148Q and R202Q were 82.4%, 19.6%, 16.7%, 10.8% and 16.7% respectively in FMF group and 78.6%, 21.4%, 14.3%, 21.4% and 28.6% respectively in FMF-AS group. There was no significant difference between groups ($p=0.716$, $p=1.000$, $p=1.000$, $p=0.373$ and $p=0.279$ respectively). The frequency of M694V homozygotes and heterozygotes mutations were 27.5% and 21.6% respectively in FMF group and 35.7% and 7.1% respectively in FMF-SPA group and difference between groups was not significant ($p=0.537$, $p=0.296$ respectively).

Abstract AB1146 – Table 1. The characteristics and MEFV gene mutations of FMF patient with spondylarthritis

	Age, years	Sex	IBP	Sacroiliitis X-ray/MR	MEFV mutations
1	34	F	+	-/+	M694V/M680I
2	41	F	+	-/+	M694V/M694V
3	31	F	+	+/-ND	E148Q/R202Q
4	56	M	+	+/-ND	M680I/E148Q
5	49	M	+	+/-ND	M694V/-
6	47	M	+	+/-ND	M694V/E148Q
7	22	M	+	+/-ND	M694V/M680I
8	22	F	+	+/-ND	M694V/M694V
9	39	F	+	+/-ND	M694V/M694V
10	30	M	+	+/-ND	M694V/M694V
11	37	M	+	+/-ND	M694V/M694V/R202Q/R202Q
12	41	F	+	+/-ND	M694V/R202Q/A744S
13	24	F	+	-/+	V726A/K695R
14	31	F	+	+/-ND	M694V/V726A/R202Q

ND: Not done, IBD: inflammatory back pain

Conclusions: The frequency of common MEFV gene mutations in this study is not different between FMF patients with and without axial spondylarthritis. Increased frequency of axial spondylarthritis in FMF patients may not be associated with MEFV gene mutations.

REFERENCES:

- [1] Akar S, Soysal O, Balci A, Solmaz D, Gerdan V, Onen F, Tunca M, Akkoc N. High prevalence of spondylarthritis and ankylosing spondylitis among familial Mediterranean fever patients and their first-degree relatives: further evidence for the connection. *Arthritis Res Ther.* 2013 Jan 28;15(1):R21. doi: 10.1186/ar4154.
- [2] Livneh A, Langevitz P, Zemer D, Zaks N, Kees S, Lidar T, Migdal A, Padeh S, Pras M. Criteria for the diagnosis of familial Mediterranean fever. *Arthritis Rheum.* 1997 Oct;40(10):1879–85.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6721

AB1147 EVOLUTIONARY STUDY OF 45 CASES OF UNDIFFERENTIATED NEGATIVE HLA B27 SERONEGATIVE OLIGOARTHRITIS

L. Expósito Pérez¹, J.J. Bethencourt Baute², S. Bustabad Reyes². ¹HOSPITAL UNIVERSITARIO DE CANARIAS, San Cristóbal de La Laguna, Spain; ²Rheumatology, Hospital Universitario de Canarias, San Cristóbal de La Laguna, Spain

Background: The prognosis of patients with undifferentiated arthritis may vary from self-limited to severe destructive rheumatoid arthritis. Early diagnosis is important, specially in seronegative oligoarthritis in order to start a treatment as early as possible.

Objectives: To describe the evolution of patients older than 16 years diagnosed with negative HLA B27 seronegative oligoarthritis without axial involvement.

Methods: We retrospectively studied 45 patients (23 women, 22 men) with negative HLA B27 seronegative oligoarthritis without axial involvement who debuted between 1985 and 1990 and who did not meet the criteria for any of the rheumatic diseases at the time of debut: rheumatoid arthritis (AR), psoriatic arthropathy (PsA), spondyloarthropathy, enteropathic arthritis, reactive arthritis, microcrystalline arthritis or connective tissue disease.

Results: The mean age at onset of oligoarthritis was 42.2 years (range 17–66). The mean follow-up time was 13.7 years (range 1–32). In its evolution, a definitive diagnosis was reached in 21 (46.6%) patients, with the mean time between debut and diagnosis being 5.47 years (range 1–25): 8 AR, 4 APs (3 with involvement) peripheral and 1 mixed), 2 undifferentiated spondyloarthritis, enteropathic arthritis, 5 gouty arthropathies and one SLE. In the case of RA, the diagnosis was made on an average of 4.8 years after the debut (range 1–16); the RF was positive in 4 patients a mean of 7.6 years (range 3–11) after the debut, and the anti-CCP were positive in 3 of the patients with positive RF. Within PsA, one developed skin psoriasis, another psoriatic onychopathy at 4 years after debut and 2 continue without skin involvement but with a family history of psoriasis, all met CASPAR criteria. From the other 24 patients (53.3%), only 3 patients (12.5%) continued to be followed up, with an average of 21.3 years (range 18–26) without meeting the criteria that allow us to define diagnosis. With the rest of the patients (40.8%), followed for an average of 4.5 years, a diagnosis was not achieved by resolution of the clinical picture or loss of follow-up.

Conclusions: In our series, 46.6% of the patients with a diagnosis of negative HLA B27 seronegative oligoarthritis began to meet diagnostic criteria for rheumatic disease after a mean time of 5.47 years, with RA being the most frequent diagnosis (38%) after an average of 4.8 years after the arthritis onset.

REFERENCE:

- [1] K.N. Verpoort, H. van Dongen, C.F. Allaart, R.E.M. Toes, F.C. Breedveld, T.W.J. Huizinga. Undifferentiated arthritis-Disease course assessed in several inception cohorts. *Clin Exp Rheumatol* 2004;22 (Suppl.35):S12-S17.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6004

AB1148 BIOLOGICAL TREATMENT OF NON ISCHAEMIC OPTIC NEURITIS ASSOCIATED TO IMMUNE-MEDIATED INFLAMMATORY DISEASES. MULTICENTER STUDY

L.C. Domínguez Casas¹, V. Calvo-Río¹, O. Mariz-Alonso², A. Blanco³, J. Narvaez⁴, S. Castañeda⁵, E. Vicente⁵, S. Romero Yuste⁶, R. Demetrio-Pablo⁷, N. Vegas-Revenga¹, M. Gonzalez-Gay¹, R. Blanco¹. ¹Rheumatology, HUMV, Santander; ²Rheumatology; ³Ophthalmology, H. Donostia, San Sebastian; ⁴Rheumatology, H. Bellvitge, Barcelona; ⁵Rheumatology, H. La Princesa, Madrid; ⁶Rheumatology, H. Pontevedra, Pontevedra; ⁷Ophthalmology, HUMV, Santander, Spain

Background: Non ischaemic optic neuritis (NION) is a severe inflammation of the optic nerve that may lead to blindness. It can be primary or associated to immune-mediated inflammatory diseases (IMIDs). The treatment of the NION is based on systemic corticosteroids and conventional immunosuppressive drugs.

Objectives: To assess the efficacy of the biological treatment in refractory NION to conventional treatment.

Methods: Multicenter study of 8 patients diagnosed with NION refractory to systemic corticosteroids and at least one conventional immunosuppressive drug.

The main outcomes were visual acuity (VA) and OCT of the optic nerve and the ganglionar cells. Comparisons were made between baseline and the 1st week, 1st and 6th month and 1st year. (STATISTICA, StatSoft Inc. Tulsa, Oklahoma, USA).

Results: We studied 8 patients (12 affected eyes) (4♀/4♂); mean age of 34.37 ±13.30 years. The underlying diseases were SLE (n=1), neuromyelitis optica (n=1), neuroretinitis (n=1), relapsing polychondritis (n=1), idiopathic (n=2) and Behçet's disease (n=2).

Before biological treatment and besides oral corticosteroids patients had received intravenous (IV) methylprednisolone boluses (n=6), cyclosporine A (CyA) (n=1), cyclophosphamide (n=2), micophenolate (n=2), hydroxychloroquine (n=1), methotrexate (MTX) (n=4) and azathioprine (AZA) (n=2).

Biological treatment was based on rituximab (n=2) (2 IV. doses of 1 g/very 2 weeks and every 6 months), adalimumab (n=2) 40 mg/week, tocilizumab (n=2) 8 mg/kg/2–4 weeks and infliximab (n=2) 5 mg/kg at 0, 2 and 6 week and then every 8 weeks.

The characteristics of the 8 patients are shown in the **TABLE**

After biological treatment we observed an improvement in the ocular parameters: VA [0.60±0.33 to 0.76±0.41, $p: 0.04$], OCT of the optic nerve [130.63±60.54 to 102.60±18.17, $p: 0.1$] and OCT of the ganglionar cells [404.60±184.73 to 243 ±18.38, $p: 0.17$] at one year. After a mean follow-up of 27±14.47 months there were no severe adverse effects.