Abstract AB1156 – Table 1

Age/ Sex	Drug	Late-ncy (weeks)	Type of rash	Systemic involve- ment	TLC/AEC /cu.mm	ALT/AST IU/L	Score ¹	Initial Suspected Diagnosis	Followup (months)
14/F	Phenobarbitone	6	F, ED	L, K	23100/693	252/407	5	Lupus	4
33/F	Cefuroxime	2	F, ED	L	27600/ 9936	203/460	6	Acute viral hepatitis, sepsis or Lupus	11
9/M	Carbamazepine or HRZE	2	M, F, ED	L, K	19800/ 2300	2752/ 1385	7	ATT induced hepatitis (for TBM), sepsis	24
53/M	Gabapentin	7	F, ED	L, P	21400/ 3424	63/135	7	Vasculitis, Lupus	Lost FU
50/F	Alternative medicine	3	M	L, P	39630/ 2830	150/202	5	Lupus	24
15/M	SSZ	1	ED	L, G	28300/ 3100	133/92	7	AGE with Sepsis	3
21/M	HRZE	5	F, ED	L, G, K	51900/ 3114	491/478	8	Lupus or Vasculitis	8
20/F	SSZ	3	F, M, ED	L	60820/NA	137/233	6	Lupus Malignancy	3
20/F	Valproate	8	M	L, G,	13500/NA	148/177	5	Lupus	24
53/M	SSZ	6	F, M, ED,	L, K	31300/ 5634	516/436	7	Lupus or Vasculitis	Lost FU
46/M	HRZE	2	M	L, K	24000/NA	135/118	6	Sepsis, ATT induced hepatitis	1
27/F	SSZ	12	M, ED	L, K	38900/850	94/96	6	Sepsis	3
32/F	Leflunomide	4	M	L, P	10500/210	543/297	4	Drug induced transaminitis	4
38/F	SSZ/Leflunomide	20	M,	L, G	36400/ 7200	112/142	8	Sepsis	3

Abstract AB1156 – Figure 1

Conclusions: – Skin rash, arthritis, multi-organ failure of DRESS closely mimic rheumatologic disorders or sepsis (especially with rising TLC)

- As early diagnosis is imperative for successful outcome, low threshold of suspicion is necessary.

REFERENCE:

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AB1157 CLINICAL IMPLICATIONS OF ULTRASONOGRAPHY (US) IN MONITORING DISEASE ACTIVITY OF RELAPSING POLYCHONDRIITIS (RP) AND COMPARATIVE INVESTIGATION BY US BETWEEN AURICLE OF RP, REPEATED TRAUMA AND HEALTHY SUBJECT

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Background: Relapsing polychondritis (RP) is a rare systemic inflammatory disorder and might often be refractory. Therefore, the discovery of more convenient imaging modality than contrast-CT, MRI and FDG-PET/CT would be required on diagnosis and treatment.

Objectives: To assess the clinical implications of ultrasonography (US) in monitoring disease activity and diagnosis of relapsing polychondritis (RP).

Methods: Firstly, auricular chondritis of patients with RP (n=5) were assessed by US before and after treatments. Second, the relationship between US findings and other serum inflammatory markers were evaluated. Moreover, the comparisons of US findings between the auricle of patients with RP (n=5), repeated trauma (n=5) which is similar to auricle of RP, and healthy subjects (n=5) were also assessed.

Results: US finding before treatment showed low-echoic swollen auricular cartilage with increased power Doppler signals (PDS) in all cases of RP. US findings corresponded to biopsy findings. After treatment with prednisolone (PSL) combined with methotrexate, the swollen ear completely resolved. Then, US findings also showed dramatic reductions in swollen cartilage with the decrease in PDS. When serum inflammatory markers completely improved, but US finding remained in 1 of 5 cases, and this case showed flare due to PSL tapering. Finally, RP could be differentiated from the damage of repeated trauma with producing subperichondrial serous effusion.

Conclusions: US of auricular cartilage in RP possibly facilitates evaluation of auricular lesions and monitoring of disease activity, especially when we consider the treatment response and the timing of drug tapering.

Disclosure of Interest: None declared

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AB1158 MALIGNANCY IN PATIENTS WITH SARCOIDOSIS: A RETROSPECTIVE COHORT STUDY FROM TURKEY

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Background: The relationship between sarcoidosis and malignancy is not clear yet. There is debate with different speculations in the literature in this regard, that this association may be just a coincidence and/or common pathogenetic link.

Objectives: The goal of our study was to evaluate the incidence and characteristics of malignancy in patients with sarcoidosis follow-up in a single centre.

Methods: Our study is a retrospective analysis of patients diagnosed with sarcoidosis at the single Rheumatology centre from Turkey. Electronic patient records from the years 2010 to 2016 were screened, and 131 patients with the diagnosis of sarcoidosis were included in the study. Diagnosis of sarcoidosis was either a clinical diagnosis in patients with Löfgren's syndrome or confirmed by tissue biopsy in all other patients. The incidence of malignancies were evaluated in this cohort. Malignant diseases were diagnosed with histopathology. The clinical data of patients with sarcoidosis and malignant diseases were further analysed.

Results: A total of 6 patients with malignancy were identified in our cohort of 131 patients with sarcoidosis, representing an incidence of 4.6%. Among them, Hodgkin lymphoma (HL) were detected in three patients, followed by one patient with breast cancer, one patient with thyroid cancer and one patient with testicular cancer. All patients had chronic sarcoidosis with pulmonary involvement, and only 1 patient (with thyroid cancer) had acute sarcoidosis with Löfgren's syndrome. HL developed concomitantly with sarcoidosis in one patient while other two patients developed disease before and after sarcoidosis diagnosis. Two patients with solid tumours (breast Ca, testicular Ca) developed malignancy years before sarcoidosis diagnosis (1 year and 2 year respectively), while one patient developed thyroid cancer during sarcoidosis follow-up. All 6 sarcoidosis-malignancy patients were survived during six year follow-up.

Conclusions: We found low incidence of malignancy in patients with sarcoidosis in our small cohort. Malignancy may develop in patients with sarcoidosis. Its may occur before, after, or concurrent with the diagnosis of sarcoidosis. The sarcoidosis-malignancy relationship can only be a coincidence and/or can be explained by