FAMILIAL MEDITERRANEAN FEVER AS AN OUTCOME OF UNDIFFERENTIATED ARTHRITIS

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Results: From 80 investigated patients with UA 10 had repeated episodes of abdominalgia and ultrasonography of joints were performed once a year. Molecular-genetic analysis and transaminases, glucose, CRP were determined every 6 months, X-ray examination, disease activity scores and presence of extra-articular manifestations were determined for continued follow-up.

Methods: The aim of this study was revelation of MEFV gene mutations in patients with UA.

Objectives: The purpose of this study was to determine the association between Behçet’s syndrome and menstruation.

Conclusions: Idiopathic NIH, is a very serious condition with high fetal mortality and limited effective therapy, so prevention is very crucial. APS prophylaxis regimen, based on MPL-thrombocytes and anti-coagulant therapy during pregnancy, may have promising effects.

Disclosure of Interest: None declared


AB1161

DIAGNOSTIC UTILITY OF LYMPH NODE BIOPSY IN DIFFERENTIAL DIAGNOSIS OF IG4-RELATED DISEASE, IDIOPATHIC MULTICENTRIC CASTLEMAN’S DISEASE AND PRIMARY DISSEMINATED MALT-LYMPHOMA

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Background: Lymphadenopathy (LA) is a frequent and challenging syndrome in rheumatic patients. It requires comprehensive clinical and expert pathological evaluation. IgG4-related disease (IgG4-RD) groups the hyper-IgG4 clone with lympho-histiocytary lesions and immune-related phenomena. LA in IgG4-RD is frequent and requires a careful evaluation with lymph node biopsy.

Objective: To evaluate the diagnostic utility of LN biopsy in differential diagnosis of IgG4-RD, iMCD and DMALT.

Methods: This was a retrospective study. We reviewed medical records from 2009 to 2017 and identified 13 pts. who were examined in our clinic due to some rheumatological diagnosis suspicion and whose lymphadenopathy at the onset of the disease was LA. All patients had prior multiple LN biopsy (25 LN biopsies in total) which was reviewed by an expert pathologist during our examination.

Results: Eight pts. were men, 5 women with average age at the onset 34.7 years (15–71 years). The patients with LA performed three times follow-up period of 5 years. The anamnetic and treatment data were obtained. Joint disease activity scores and presence of extra-articular manifestations were determined. The CBC, urinalysis, serum concentrations of creatinine, bilirubin, transaminases, glucose, CRP were determined every 6 months, X-ray examination and ultrasonography of joints were performed once a year. Molecular-genetic analysis of 12 MEVF-mutations, common for Armenians, were carried out in the Medical Genetic Centre of Armenia.

Conclusions: As FMF is widely distributed in Mediterranean region, and it had changed its phenotype in last decades, as well as taking into account the increasing rate of migration worldwide, every single case of UA, which might not be differentiated in the future. The heterogeneity associated with the term UA emphasizes the need for continued follow-up and reassessment of the diagnosis and management of these patients.

Disclosure of Interest: None declared


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MY BEHÇET’S DISEASE AND MY MENSTRUATION CYCLE: OBSERVATION FROM AN IRISH COHORT

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Background: The menstrual cycle is regulated by the rise and fall of sex hormones in the body, literature has demonstrated anti-inflammatory properties in both progesterone and oestrogen hormones. There has been recent interest to determine the association between Behçet’s Disease (BD), a poorly understood autoinflammatory disorder and menstruation.

Conclusions: It seems to be very challenging to set a reliable differential diagnosis based on the LN pathology thus extranodal biopsy is preferable. Orbital and major salivary glands involvement is a feature of IgG4-RD or iMCD, but not iMCD. Prominent constitutional symptoms with high laboratory inflammatory markers (CRP, IL-6) are characteristic of iMCD.

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