Conclusions: Idiopathic NIHF, is a very serious condition with high fetal mortality and limited effective therapy, so prevention is very crucial. APS prophylaxis regimen, based on M680I abnormalities, and anti-coagulant therapy during pregnancy, may have promising effects.

Disclosure of Interest: None declared


**Diagnosis Utility of Lymph Node Biopsy in Differential Diagnosis of IgG4-Related Disease, Idiopathic Multicentric Castleman’s Disease and Primary Disseminated MALT-Lymphoma**

**Background:** Lymphoproliferative (LA) is a frequent and challenging syndrome in rheumatic patients. It requires comprehensive clinical and expert pathological evaluation. IgG4-related disease (IgG4-RD) groups a form of fibroinflammatory conditions characterised by formation of tumor-like lesions with unique morphological features and hyper-IgG4 secretion in different organs and tissues. LA is frequent in IgG4-RD and doesn’t have a unique morphology. Idiopathic multicentric Castleman’s disease (IMCD) is a rare lymphoproliferative disorder of a hyper-IL-6 spectrum with obligate lymph nodes (LN) affection and less frequent extranodal lesions. Pathologic features of the LN in IMCD overlap with IgG4-LA and there can be IgG4 hypersecretion in IMCD patients as well. Primary disseminated MALT-lymphomas (DMALT) are also in the spectrum of differential diagnosis because of the involvement of salivary and lacrimal glands.

**Objectives:** To evaluate the diagnostic utility of LN biopsy in differential diagnosis of IgG4-RD, IMCD and DMALT.

**Methods:** 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 leading symptom 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. 11 pts. had extranodal lesions and underwent extranodal biopsy.

**Results:** Eight pts. were men, 5 women with average age at the onset 34.7 years (15–71 years). The directional diagnoses established on the LN pathology were as following (in some cases a few diagnosis); IMCD (4 pts), non-Hodgkin lymphoma (3 pts), reactive LN (12 pts), 11 pts. had some extranodal lesions (3.9 pt/patient, from 1 to 8); orbit – 8, major salivary glands – 8, hepatosplenomegaly – 5, lungs – 5, thyroid – 5, kidneys – 3, sinuses – 3, skin, cholangitis – 2 each, retropitoneum, mediastinum, pancreas and soft tissues – 1 each. Due to orbital and major salivary glands involvement some patients had directional diagnosis of Sjogren’s syndrome or IgG4-RD. In all 13 pts. the directional diagnosis was changed to some other based on the extranodal biopsy pathology results (in 11 pts) and/or clinical presentation (in 2 pts with isolated LA). LN pathology was not conclusive in all cases. In all cases LN pathology fell into i-Iv type of LN morphological picture as reported by J. Ferry et al.1 Clinical presentation in 13 pts see in table 1. The final diagnosis were: IgG4-RD in 7 pts, IMCD in 2 pts and DMALT in 4 pts.

**Abstract AB1162 – Table 1. Clinical-laboratory features of patients**

<table>
<thead>
<tr>
<th>Clinical-laboratory features</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>34.7 years (15–71)</td>
</tr>
<tr>
<td>Sex</td>
<td>8 men, 5 women</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>IMCD (4 pts), non-Hodgkin lymphoma (3 pts), reactive LN (12 pts), 11 pts. had some extranodal lesions (3.9 pt/patient, from 1 to 8)</td>
</tr>
</tbody>
</table>

**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 DMALT, but not IMCD. Prominent constitutional symptoms with high laboratory inflammatory markers (CRP, IL-6) are characteristic of IMCD.

**REFERENCE:**

**Disclosure of Interest:** None declared


**My Behcet’s Disease and My Menstruation Cycle: Observation from an Irish Cohort**

**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 Behcet’s Disease (BD), a poorly understood autoinflammatory disorder and menstruation.

**Disclosure of Interest:** None declared


**References:**
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