Background: Large amounts of elastin are contained in vascular walls and in the cardiac valves. Elastin and elastase antibodies are predictors, sui generis, of vascular disease development in systemic sclerosis.

Methods: Studying the effect of elastin and elastase autoantibody production is nowadays regarded as one of risk factors for the development of early atherosclerosis, and of related cardiovascular conditions.

Objectives: Studying the effect of elastin and elastase autoantibody production on the cardiovascular system in systemic sclerosis (SSD) patients.

Results: SSD patients showed considerable increase in the rate of elastase (52%) and elastin (38%) antibodies formation, in comparison with the controls. The upper normal limit of elastin antibody was within the range of 0.131 optical density units, elastase antibodies – 0.131 optical density units. In SSD patients elastin antibodies amounted to 0.125±0.068 optical density units. The titer of elastase antibodies was 0.143±0.071 optical density units. Healthy individuals did not show any elastin or elastase antibodies. An elevated antibody titer was associated with heart and vessels lesion in 41% of patients with SSD. In 20 patients of the studied group we revealed cardiovascular disease (HD, macrofocal atherosclerosis, false infarction changes, chronic cardiac failure, and aorta atherosclerosis).

Conclusions: Among the patients we examined, 47% showed cardiovascular lesion associated with elevated elastin and elastase antibodies. This fact indicates that in systemic rheumatic disease, autoimmune inflammation is a risk factor for the development of early atherosclerosis, and of related cardiovascular conditions. Elastin and elastase antibodies are predictors, sui generis, of the development of vascular disease in patients with SSD.

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AB1369
ELEVATED CA-125 IN IGG4-RELATED MESENTIC DISEASE: A RED HERRING? A SYSTEMATIC LITERATURE REVIEW

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Background: Mesenteric panangitis (MP), a rare fibrotic inflammatory disease of the bowel mesentery, can be a rare manifestation of IgG4-related disease (IgG4-RD). IgG4-RD is a chronic inflammatory disease most commonly affecting the pancreas, characterised by infiltration of IgG4-positive plasma cells and lymphocytes into various organs.

We recently encountered a male patient with IgG4-related MP who was incidentally found to have a very high level of CA-125, which correlated with CRP levels and normalised after steroid treatment. This prompted a systematic literature review (SLR) to better understand this unexpected phenomenon.

Objectives: To investigate for associations between CA-125, MP and/or IGG4-RD, understand possible common pathophysiological mechanisms and explore potential clinical implications.

Methods: The SLR was performed using MEDLINE, EMBASE, Web of Science, and Scopus, looking for literature on either MP and CA-125 or IgG4-RD and CA-125 up to January 8, 2018, using a comprehensive search strategy with relevant mesh terms and keywords linked to the above broad categories. Literature screening was performed by two independent reviewers.

Results: 24 unique citations were found, of which 13 were unanimously identified as relevant by the two reviewers. The final selected articles included: 8 case reports, 3 conference abstracts of case reports, 1 cohort study of 22 patients, and a retrospective study of 7 patients (table 1). CA-125 was raised in 22/40 patients in the identified reports (shown in red), including males, and was often the only elevated tumour marker (yellow). We also report on the presence of effusions (blue), as this may be linked to the causal mechanism.

Table 1 The clinical and laboratory characteristics of cases of IgG4-RD and MP

| Patient | Gender | Age | CA-125 | CRP | Effusions | MP
|---------|--------|-----|--------|-----|-----------|-----
| 1       | M      | 52  | 356    | 2.3 | Yes       | No
| 2       | M      | 65  | 345    | 1.2 | Yes       | No
| 3       | F      | 42  | 328    | 0.8 | Yes       | No
| 4       | M      | 50  | 365    | 1.5 | Yes       | No

Conclusions: HUPI shows good responsiveness in each studied scenario (clinical trial, early RA cohort, and established RA cohort). Response criteria by HUPI seem more stringent than EULAR's.