Abstract FRI0513 – Table 1. Comparison of BS patients and healthy controls

	Patients	Healthy controls	p
BDAF	2.7±1.6	-	
BDQoL	9.4±9.2	-	
HADS-Anxiety	67 (%43.2)	11 (%10.3)	0.001
HADS-AnxietyScore	8 (0–21)	6 (0–13)	0.004
HADS-Depression	63 (%40.6)	23 (%21.5)	0.001
HADS-Depression Score	5 (0–20)	4 (0–10)	0.340
MAF	25.0 (6.5–48)	19.2 (7.3–44.2)	0.000

Abstract FRI0513 – Table 2. Correlations between MAF score and BDAF, BDQoL, HADS-A, HADS-D in BS patients

Parametre	MAF score	
	R	p
HADSD	0459	<0001
HADSA	0548	<0001
BDQoL	0572	<0001
BDAF	0359	<0001
DrVAS	0285	<0001
Patient VAS	0434	<0001
Age	0119	0141
Disease duration	0070	0384

Conclusions: Fatigue and anxiety is common in clinically active BS patients compared with healthy controls and inactive BD patients.

REFERENCE:

- [1] Tascilar NF, Tekin NS, Ankarali H, et al. Sleep disorders in Behcet's disease, and their relationship with fatigue and quality of life. *J Sleep Res* 2012;21(3):281–288.

Disclosure of Interest: None declared

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FRI0514 ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES POSITIVITY IN INTERSTITIAL LUNG DISEASE PATIENTS

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Background: Interstitial lung disease (ILD) is a possible manifestation of several rheumatic diseases. Although lung involvement is common in Anti-neutrophil cytoplasmic antibodies (ANCA) vasculitides (AAV), the presence of ILD is relatively rare. Moreover, a very small subgroup of patients may present ILD along ANCA positivity without other systemic signs of AAV.

Objectives: To describe the phenotypic characteristics of ILD patients with ANCA positivity without a definite diagnosis of AAV.

Methods: ANCA-ILD patients from 7 tertiary care hospitals (6 from Italy, 1 from Spain – 2 rheumatology centres, 4 pneumology centres, 1 internal medicine) were included. The mean follow-up was of 62.6±49.8 months. We collected epidemiologic, demographic, clinical, serological, pulmonary function test (PFT) data and high resolution computed tomography (HRCT) pattern.

Results: 19 patients with ANCA-ILD (M:F=9:10, mean age at diagnosis 66.2±8 years) were enrolled. The mean latency between the first respiratory symptom onset and the diagnosis was 26.4±37.0 months. Sixteen patients (84%) had ANCA-MPO positivity while 3 ANCA-PR3. Antinuclear autoantibodies were positive in 12 patients (63%).

Usual interstitial pneumonia was the main HRCT pattern (10, 52.6%), followed by non specific interstitial pneumonia (8, 42%, 1 associated with organising pneumonia), 1 combined pulmonary fibrosis and emphysema. Six patients with ILD-ANCA presented also a non-erosive oligoarticular inflammation (n=6).

During the follow-up, the majority of the patients (16/19) did not require oxygen therapy at last evaluation. However, 1 patient required continuous O₂, 1

intermittent O₂, 1 patient underwent lung transplant due to respiratory failure. Five patients required hospitalisation due to respiratory insufficiency. Two patients died, both for respiratory insufficiency.

All patients were treated with glucocorticoids as induction therapy (4 intravenous pulses), combined with an immunosuppressant in 11 cases: cyclophosphamide (3, 15%), azathioprine (6, 31%), mycophenolate (2, 10.5%), methotrexate (1, 5.5%) or rituximab (2, 10.5%).

Conclusions: the observation of ANCA positivity in patients with ILD may open new prospective in the assessment of interstitial lung diseases. Although most of patients had a good prognosis, up to 25% presented unfavourable respiratory outcome. Further prospective studies in larger cohorts and longer follow-up may clarify the prognosis of this particular lung disease and if ILD-ANCA should be classified as a distinct subset or an incomplete form of AAV.

Disclosure of Interest: None declared

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FRI0515 EFFECTIVENESS OF DIRECT-ACTING ANTIVIRAL THERAPY ON CRYOGLOBULINEMIA ASSOCIATED WITH HEPATITIS C VIRUS

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Background: Hepatitis C virus (HCV) is the most frequent cause of mixed cryoglobulinemia, reaching up to 30%–50% of patients with chronic infection. Cryoglobulinemia can manifest as arthritis, vasculitis, hypocomplementemia, peripheral neuropathy or renal involvement. A new direct-acting antiviral therapy against HCV is available for 4 years, and it achieves a sustained virologic response, close to the definition of cure for this viral infection.

Objectives: To evaluate the effectiveness of treatment with direct-acting antivirals in HCV-associated cryoglobulinemia and its clinical manifestations.

Methods: In a retrospective cross-sectional observational study, we enrolled all consecutive patients with positive serum cryoglobulins and HCV infection with high viral load. Patients with or without associated rheumatological or systemic manifestations were included. All of them were treated with a combination of the new antivirals: sofosbuvir +ledipasvir, or ombitasvir +paritaprevir +ritonavir +dasabuvir; during 8 to 24 weeks, between January 2014 and December 2016. Post treatment blood studies were made in all patients during the first year. Seronegativization of cryoglobulins and improvement of associated clinical manifestations after treatment were analysed.

Results: Thirty patients were included, 24 (80%) women. The median age was 61.4 years. The HCV genotype: 1B in 76.6%, 1A in 16.6% and type 4 in the rest. Eighteen (60%) patients had systemic manifestations: 11 had joint involvement, 11 hypocomplementemia, 8 had leukocytoclastic vasculitis or skin ulcers, 5 Raynaud's phenomenon, 5 sensory-motor peripheral neuropathy, 3 renal involvement with glomerulonephritis, 2 Sjögren's syndrome and 1 patient with autoimmune hemolytic anaemia.

The sustained viral response was achieved in 29 patients (96.6%), maintaining an undetectable viremia after finishing the treatment. Cryoglobulins were negativized in 22 (73%) of patients, and complement was normalised in 36% of those who had hypocomplementemia before treatment. There was a clinical improvement in 54.2% of patients with previous associated rheumatologic or systemic manifestations. The arthritis and cutaneous vasculitis had better response than the other manifestations. No significant correlations were found between the serological and clinical responses.

Conclusions: Direct-acting antiviral therapy is very effective against HCV infection. It is also useful for the treatment of mixed cryoglobulinemia, negativizing cryoglobulins in almost 3/4 of the cases, and with clinical response in more than half of the patients, being more favourable in the cases of joint involvement and cutaneous vasculitis.

Disclosure of Interest: None declared

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FRI0516 INSIGHT INTO INFLAMMATORY CELL AND CYTOKINE PROFILES IN ADULT IGA VASCULITIS

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Background: Immunoglobulin A vasculitis (IgAV) is a small vessel, immune complex vasculitis, involving skin, joints, gastrointestinal tract (GIT) and kidney. While different diagnostic/prognostic and inflammatory markers have already been studied in paediatric IgAV, data on adult cases are scarce¹.

Objectives: To examine the inflammatory cell profile in peripheral blood and cytokine profile in sera of newly diagnosed, biopsy-proven and treatment-naïve adult