be at an increased risk of CVA as well although the data are still inconclusive as most studies addressing this association were small in size.

Objectives: The current systematic review and meta-analysis was conducted with the aims to comprehensively identify all relevant studies and summarize their results together to better characterize the risk of CVA among patients with AAV.

Methods: Two investigators independently searched for published studies indexed in MEDLINE and EMBASE database from inception to October 2018 using the search strategy that included the terms for anti-neutrophil cytoplasmic antibody-associated vasculitis and cerebrovascular accident. Eligible studies must be cohort studies (either retrospective or prospective) that compared the risk of incident CVA between patients with AAV and individuals without AAV. They must also report the relative risk or hazard ratio with 95% confidence interval (CI) of this comparison. Point estimates and standard errors from each study were extracted and combined together using the random effect, generic inverse variance technique of DerSimonian and Laird.

Results: A total of 5 studies fulfilled the inclusion criteria and were included in this meta-analysis. The risk of incident CVA among patients with AAV was significantly higher than individuals without AAV with the pooled risk ratio of 1.49 (95% CI, 1.06–2.10). The statistical heterogeneity was insignificant with an I^2 of 11%. The forest plot of this meta-analysis is shown as figure 1. The funnel plot of this study was relatively symmetric and did not suggest the presence of publication bias.

Conclusion: A significantly increased risk of CVA among patients with AAV was demonstrated by this meta-analysis. Physicians who take care of patients with AAV should be aware of this risk and focus on interventions to modify other conventional risk factors for CVA may be warranted.

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Figure 1. Forest plot of the studies on risk of incident CVA among patients with AAV

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.581

AB0624

SAFETY OF RITUXIMAB BIOSIMILAR FOR THE TREATMENT OF CRYOGLOBULINEMIC VASCULITIS

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Background Rituximab (RTX) represents a milestone in the treatment of mixed cryoglobulinemic vasculitis (MCV). Despite usually well-tolerated, RTX may induce different types of adverse drug reactions, including exacerbation of vasculitis. RTX biosimilars have been recently approved in Europe in the treatment of rheumatoid arthritis, but no data are available about effectiveness and safety of RTX biosimilars in the treatment of MCV.

Objectives Aim of the study was to analyse the safety of RTX biosimilar in patients with MCV treated in first-line or after a shift by RTX originator.

Methods In a multicenter, prospective, open-label study, we enrolled all MCV patients treated with RTX biosimilar, both in first-line or after a shift by RTX originator. Nineteen consecutive MCV patients (F/M 13/6, mean age 68.3±11.5 months,

mean disease duration 94±86 months, 10/19 HCV+ and 6/19 HBV+) were treated with RTX in a six-month period (July-December, 2018). Nine patients were treated with RTX for the first time, while the other 9 patients have been already treated with RTX originator and were switched to RTX biosimilar. Twelve patients received a dose of 250 mg/m² of RTX every other week, while 6 were treated with 1 gram of RTX every other week.

Results During a month-period after the last infusion, 5 adverse events (AE) were observed, namely 2 vasculitis flares, and 1 urticaria, atrial fibrillation occurred during infusion, and septicemia, respectively.

Three of 5 AE were observed in patients treated with the higher dose of RTX (in particular both cases of vasculitis flare were recorded in patients treated with 1 gram of RTX), while no differences were observed according to the previous treatment with RTX originator (2/9 vs 3/9 AE in patients switch or naïve, respectively).

Conclusion Despite the low number of patients, the switch among RTX originator and biosimilar appear to be safe and the number of AE were in line with previous reports about RTX originator. The main limit of this study is the absence of a control group, that doesn't allow a direct comparison of the safety between RTX originator and biosimilar. Previous reports suggested that higher dosage of RTX are associated to a higher risk of side effects. Also, in our study the occurrence of AE, mainly vasculitis flare, seem to be associated to the dose of RTX, rather than to the switch to biosimilar

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Disclosure of Interests None declared

DOI: 10.1136/annrheumdis-2019-eular.2263

AB0625

EXPERIENCE IN THE USUAL PRACTICE OF PATIENTS WITH BEHÇET'S DISEASE WHO ARE IN FOLLOW-UP IN THE UVEITIS UNIT OF THE DONOSTIA UNIVERSITY HOSPITAL

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Background: Behçet's disease (BD) is an inflammatory, chronic, recurrent, multisystemic process of unknown origin, characterized by the simultaneous or sequential presence of oral aphthae, genital ulcers, uveitis, inflammatory skin lesions, arterial or venous thrombosis, arthritis, inflammatory bowel disease and involvement of the central nervous system (CNS). The highest incidence figures correspond to the countries of the Middle East and the Far East (prevalence's of 20-42/100,000), decreases in the Western Mediterranean (<10) and is much less frequent in the rest of the world (<2). The uveitis unit was created in our hospital in 2007, where a rheumatologist and an ophthalmologist jointly visit, so our aim is to report our experience for almost 12 years with this rare disease.

Objectives: To describe the demographic, clinical, and analytical characteristics, as well as immunosuppressive and biological treatments used, type of ocular and extra ocular involvement, presence of sequelae, and visual acuity (VA) affection, of the patients that are in follow-up in the uveitis unit of the Donostia University Hospital (DUH).

Methods: A retrospective search of all patients with BD and ocular involvement evaluated the uveitis unit since 2007. The computerized medical records were reviewed. The variables collected were: sex, age, immunosuppressive and biological treatments used, and complementary tests. The immunosuppressant's sought were methotrexate (MTX), azathioprine (AZA), tacrolimus, sulfasalazine (SSZ), cyclosporine (CsA), leflunomide (LFN), cyclophosphamide (CFM); adalimumab (ADA); infliximab (IFX), golimumab (GLM), intravenous immunoglobulins (IVIg). The quantitative variables are shown with the median and interquartile range; the qualitative ones are shown with the absolute value and its percentage.

Results: We found 22 patients diagnosed with BD, the average age was 42 years, with a predominance of women (59%). Table 1 shows the clinical characteristics, complementary tests and treatments used in these

patients. The most frequent type of ophthalmological affection was panuveitis with retinal vasculitis in 40%, followed by uveitis in 36%. The median VA at the first visit (RE 0.85 LE 0.85), and at the last follow-up visit (RE 1 LE 1), observing an improvement in VA after follow-up. The most common extra ocular involvement was the presence of oral aphthae in 90%, followed by erythema nodosum and arthritis in 45%. Positivity for HLA B51/B57 was observed in 81% of the patients. The most frequent immunosuppressant used was CsA 59%, followed by ADA 40%. Among the main aftermath, the presence of cataract was observed in 40% and synechia in 27%. The mean follow-up of these patients was 85 months.

Conclusion: We observed an improvement in VA during the follow-up of these patients compared to VA at the beginning; 70% of patients continued with immunosuppressive treatment with good control of the disease at more than 85 months of follow-up.

Disclosure of Interests: Jesús Alejandro Valero Jaimes: None declared, Olga Maiz-Alonso Speakers bureau: Pfizer, Ana Carmen Blanco Esteban: None declared, Andrea De Diego Sola: None declared

DOI: 10.1136/annrheumdis-2019-eular.5966

AB0626 INCIDENCE OF SERIOUS INFECTIONS AND PATTERNS OF COTRIMOXAZOLE PROPHYLAXIS IN PATIENTSWITH ANCA-ASSOCIATED VASCULITIDES

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Background: Infections are among the most serious complications in patients with ANCA-associated vasculitides (AAV) and contribute significantly in overall mortality.

Objectives: To describe the incidence and risk factors for serious infections, as well as the patterns of cotrimoxazole prophylaxis in AAV patients (GPA and MPA).

Methods: Retrospective, descriptive study of AAV patients followed in a tertiary referral center (Clinical Immunology-Rheumatology Unit and Nephrology department). Patient and disease characteristics treatments and serious infections were recorded.

Results: 56 AAV patients were included (women: 50%, mean age at diagnosis: 59.8 years, mean disease duration: 5.1 years, GPA: 68%, generalized disease: 82%). Most frequent organ involvement was renal (71%), lung (68%), nervous (20%), skin (18%) and mucous membranes/eyes (14%). 21 serious infections were recorded in 16 patients (incidence: 7.2 per 100 patient-years), with respiratory tract infections (43%) and herpes zoster (19%) being the most frequent. Incidence was 6.2-times higher in patients with severe combined lung-kidney involvement compared to those without (20 vs 3.2 per 100 patient-years, $p < 0.001$). Plasma exchange and/or hemodialysis (44% vs 12%, $p = 0.01$), age > 60 years (62% vs 35%) and treatment with cyclophosphamide (CYC)/rituximab (RTX) combination (38% vs 3%, $p = 0.001$) were more common among those who developed a serious infection. Lung-kidney involvement and combined CYC/RTX treatment remained statistically significant in multivariate logistic regression analysis. Cotrimoxazole prophylaxis was given in 70% of patients treated with CYC and/or RTX ($n = 46$). Patients with combined lung-kidney involvement were more likely to receive prophylaxis (82% vs 58%, $p = 0.08$). No case of pneumocystis pneumonia was diagnosed during follow-up.

Conclusion: In this real-life cohort, more than one out of four AAV patients experienced a serious infection during follow-up, with pneumonia and herpes zoster being the most frequent. Patients with combined lung and kidney involvement had a ~6 times higher risk for developing a serious infections and were more likely to receive appropriate cotrimoxazole prophylaxis.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7243

AB0627 INTESTINAL BEHCET'S DISEASE: THE CLINICOPATHOLOGY ANALYSIS OF 38 CASES

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Background: Due to the rarity of GI involvement in BD, the diagnosis of intestinal BD relies on a combination of both vasculitis and IBD type characteristics. Histopathology play an important role in differentiation.

Objectives: To investigate the clinic features, findings of endoscopy and histopathology of intestinal Behcet's disease.

Methods: The clinical features, findings of endoscopy and histopathology of 38 intestinal Behcet's disease were analyzed retrospectively.

Results: The mean age of 38 cases were 44.1 ± 15.6 years, the mean course were 64.8 ± 90.4 months. Typical clinic manifestations and endoscopic finding existed in 24(63.2%) and 22(57.9%) patients with intestinal Behcet's disease respectively. The most common(33, 86.8%) symptoms were abdominal pain and diarrhea. The sites of intestinal ulcer were seen more often(22, 57.9%) at the ileum, ileocecal area, on the ileocecal valve. Most colonoscopic appearance of ulcers were usually well demarcated, oval or round (28, 73.6%). The suggestive histopathological changes were massive neutrophilic infiltration (20, 52.6%), inflammatory granuloma(14, 36.8%) and vasculitis(8, 21%) especially phlebitis.

Conclusion: The diagnosis of intestinal Behcet's disease depends on the combination of clinic features, endoscopic appearance and histopathological findings. massive neutrophilic infiltration, inflammatory granuloma and vasculitis point to the possibility of intestinal Behcet's disease.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7347

AB0628 ANALYSIS OF CLINICAL FEATURES OF 15 CASES OF IGG4-RELATED DISEASES

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Background: IgG4-related disease is an autoimmune disease of unknown cause.