of nodular panniculitis (including 14 cases of mesenteric involvement) and 3 cases of special type of panniculitis were collected. Patients with nodular panniculitis often find subcutaneous nodules or masses. According to the affected parts, they are divided into skin type and system type. Among them, 10 cases are skin type and 42 cases are system type. The most common parts is mesenteric and kidney involvement. 9 of 55 patients was combined with tumor. Patients with mesenteric panniculitis mainly present abdominal pain and bloating, which are mainly diagnosed according to CT. Patients with systemic panniculitis can be significantly relieved after treatment with hormones and immunosuppressive agents.

Conclusion: Panniculitis is an inflammatory disease of unknown etiology. It is common in middle-aged and elderly people. It has various clinical manifestations and lacks specificity. The diagnosis is mainly based on pathological results. It is easy to be combined with tumors. When subcutaneous nodules are found, pathological examination should be improved in time in order to avoid misdiagnosis.

REFERENCES

- [1] Daskalogiannaki M1, Voloudaki A, Prassopoulos P, et al. CT evaluation of mesenteric panniculitis: prevalence and associated diseases [J]. *AJR Am J Roentgenol*. 2000 Feb;174(2):427-31. doi:10.2214/ajr.174.2.1740427.
- [2] Chinese Medical Association Rheumatology Branch. Guidelines for the diagnosis and treatment of nodular panniculitis (draft). *Chinese Journal of Rheumatology*. 2004, 8 (4): 253-255. Doi:10.3760/j.issn:1007-7480.2004.04.017.
- [3] Hongyan Liu, Juan Meng, Yuewu Liu, et al. Report of seven cases of lipitis in the pancreatitis and literature review [J]. *Chinese Journal of Rheumatology*. 2018, 22 (9): 627-630, after insertion 3. doi: 10.3760/cma. j.issn.1007-7480.2018.09.010.
- [4] Litong Wang, Yujian Cai. Multi-slice spiral CT imaging features of mesenteric panniculitis [J]. *Chinese Journal of Digestive Surgery*. 2017, 16(6):624-628. doi:10.3760/cma.j.issn.1673-9752.2017. 06.018.
- [5] Gaobiao Zhou, Zhiyong Yao, Bin Sun, et al. A case report of nodular panniculitis with lung and kidney damage as the first manifestation [J]. *Chinese Journal of Urology*. 2007, 28(4):283. doi: 10.3760/j.issn:1000-6702.2007.04.028.
- [6] Moraes AJ, Soares PM, Zapata AL, et al. Panniculitis in childhood and adolescence [J]. *Pediatr Int*. 2006 Feb;48(1):48-53. doi:10.1111/j.1442-200X.2006.02169.x
- [7] Jinfang Gao, Zhang Liyun Zhang, Xiaofeng Li, et al. Clinical characteristics and prognosis of 25 cases of nodular panniculitis [J]. *Chinese Remedies & Clinics*. 2013, 13(8):1093—1095. DOI: 10.11655/zgywylc2013.08.060.
- [8] López-Lerma I, Peñate Y, Gallardo F, et al. Subcutaneous panniculitis-like T-cell lymphoma: Clinical features, therapeutic approach, and outcome in a case series of 16 patients [J]. *J Am Acad Dermatol*. 2018 Nov;79(5):892-898. doi: 10.1016/j.jaad.2018.05.1243.

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AB0631 INTERSTITIAL LUNG DISEASE – A RARE MANIFESTATION OF MICROSCOPIC POLYANGIITIS

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Background: Interstitial lung diseases (ILD) are a group of diffuse inflammatory and/or fibrotic lung disorders with similar clinical, radiologic and histopathologic features. The coexistence of ILD and ANCA-associated vasculitis has been reported in case reports and small case series.

Objectives: The aim of this study was to assess the prevalence, clinical and radiological characteristics of ILD in MPA patients admitted to the Rheumatology Department of our hospital.

Methods: This retrospective single center cohort study included 102 patients diagnosed with MPA according to CHCC 2012 and EMA algorithm. We assessed Birmingham Vasculitis Activity Score (BVAS) at disease onset and VDI (Vasculitis Damage Index) at the end of the follow up in each patient. ANCA type and titer were assessed by enzyme-linked immunosorbent assay (ELISA). The results of repeated high resolution computed tomography (HRCT) of the chest were analyzed and interstitial changes (focal ground-glass opacity, reticular changes, honeycombing, traction bronchiectasis) were classified in four patterns: non-specific interstitial pneumonia (NSIP), typical interstitial pneumonia, possible interstitial pneumonia, and “inconsistent” usual interstitial pneumonia (UIP).

Results: ILD-features on HRCT was found in 11 (11.8%) of 102 patients with MPA. Their median age was 55 [53; 63] years. All of them were ANCA-positive (Table 1). In 5 cases interstitial pneumonia was the first and the sole manifestation that preceded the occurrence of overt systemic vasculitis for a median of 3 years. The radiologic patterns included non-specific interstitial pneumonia in 5 cases, usual interstitial pneumonia in 3 cases and unclassifiable interstitial pneumonia in 3 cases. The most common clinical manifestations were non-productive cough (82%), progressive dyspnea (82%) and crepitation (27%). The most common extrathoracic manifestations of MPA in patients with ILD were glomerulonephritis with decreased renal function (91%), fever (100%) and arthritis (91%). All patients received induction therapy with glucocorticosteroids combined with cyclophosphamide, rituximab, azathioprine or methotrexate.

Abstract AB0631 Table 1.. Characteristics of patients with MPA and ILD

	n = 11
Male gender, n (%)	7 (64)
Age of the onset of ILD, Me, IQR, years	55 [53; 63]
Age of the onset of MPA, Me, IQR, years	59 [54; 65]
ILD onset	
Before systemic manifestations of MPA, n (%)	5 (45)
At MPA onset, n (%)	6 (55)
ANCA specificity	
MPO-ANCA, n (%)	6 (55)
PR3-ANCA, n (%)	2 (18)
unidentified ANCA, n (%)	3 (27)
Clinical symptoms	
Fatigue, n (%)	11 (100)
Fever, n (%)	11 (100)
Weight loss, n (%)	4 (36)
Arthralgia, n (%)	10 (91)
Skin vasculitis, n (%)	5 (45)
Renal manifestations, n (%)	10 (91)
Ear, nose and throat involvement, n (%)	4 (36)
Chronic cough, n (%)	9 (82)
Hemoptysis, n (%)	2 (18)
Dyspnea, n (%)	9 (82)
Crackles, n (%)	3 (27)
Laboratory and instrumental findings	
Increasing of ESR and/or CRP, n (%)	10 (91)
Anemia, n (%)	7 (64)
24-hours proteinuria, g/day	0.61 [0.25; 1.95]
Estimated GFR, ml/min/1.73 m ²	39 [19; 60]
Radiological patterns	
UIP, n (%)	3 (27)
NSIP, n (%)	5 (45)
Unclassified IP, n (%)	3 (27)
Mediastinal lymphadenopathy, n (%)	3 (27)
Emphysema, n (%)	2 (18)
Remission induction therapy	
Glucocorticosteroids, n (%)	11 (100)
Cyclophosphamide, n (%)	7 (64)
Rituximab, n (%)	1 (9)
Azathioprine, n (%)	1 (9)
Methotrexate, n (%)	1 (9)

Conclusion: ILD is a rare manifestation of MPA, which can precede systemic manifestations. ANCA-associated vasculitis should be included in the spectrum of differential diagnosis in patients with ILD.

Disclosure of Interests: None declared

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AB0632 MAINTENANCE RITUXIMAB IN ANCA ASSOCIATED VASCULITIS – OBSERVATIONAL DATA FROM UNIVERSITY HOSPITAL COVENTRY, UK

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Background: Rituximab is considered an effective¹ maintenance therapy in anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis (AAV), with reduced relapse rates post induction therapy and comparable adverse event profile to other agents such as Azathioprine².

Objectives: To describe the clinical outcomes of all patients receiving maintenance Rituximab for AAV in University Hospital Coventry in UK.

Methods: Records from the Renal and Rheumatology units were used to identify patients receiving maintenance Rituximab. Electronic patient records (EPR) were used to collate laboratory and clinical data.