Methods: We have analyzed data of Center for Communicable Diseases and AIDS of Lithuania about Lyme diagnosed patients from 2014 to 2016 years.

Results: Total number of cases was 7425. 2791 males, 4633 females, age range 1 - 91 years, median age 52 years. 996 patients found out as symptomatic. The rest were either asymptomatic either information about clinical disease manifestation was not known. Among symptomatic patients two rheumatic symptoms were observed: arthralgia (220 cases, 22.1%), 140 females, 80 males, age range 12 – 84 years, median age 58 years, and myalgia (78 cases, 7.8%), 44 females, 34 males, age range 15-80, median age 56. Other symptoms were erythema migrans (75.6%), headache (12.4%), fever (10.1%), and head dizziness (6.4%).

Conclusion: In total, almost 30 percentages (29, 91%) of symptoms were rheumatic. To conclude, joint pain and/or muscle pain can lead not only to systemic rheumatic diseases, but to infection diseases as well (for example: Lyme disease).

REFERENCES

Disclosure of Interests: None declared

AB0904
EFFECTIVENESS AND SAFETY OF RITUXIMAB IN SYSTEMIC AUTOIMMUNE DISEASES: A CASE SERIES DESCRIBING THE EXPERIENCE OF AN AUTOIMMUNE DISEASES UNIT IN A 3-YEAR PERIOD

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Background: Rituximab (RTX) is a drug composed of chimeric monoclonal antibodies against the CD20 protein, producing a depletion of B lymphocytes. Nowadays, it is used to treat severe and refractory systemic autoimmune diseases (SAD).

Objectives: Analysing the effectiveness and safety of RTX in patients with SAD in clinical practice.

Methods: We conducted a retrospective analysis of patients with SAD treated at least once with RTX in the autoimmune diseases unit of our hospital in the last 3 years. We evaluated demographic, clinical and serological variables as well as the presence of adverse events (AE).

Results: Twenty two patients have been included (13 women and 9 men, mean age 63 ±15 years). The diagnosis were ANCA-associated vasculitis (31.8%), cryoglobulinemic vasculitis (18.2%), autoimmune hemolytic anemia (13.6%), systemic lupus erythematosus (9.1%), immune thrombocytopenia in antiphospholipid syndrome (9.1%) and one each of: Felty syndrome, IgG4-related disease, necrotizing myopathy and systemic sclerosis. Indications for treatment were renal disease in 36.4% of the cases, haematological manifestations in 27.3%, skin involvement in 13.6%, neurologic manifestations in 9.1% and other different reasons in the remaining 15.6%. RTX was used after therapeutic failure with previous treatments in 81.8% and as first line treatment in only 18.1% of the cases. RTX dose was 375 mg/m² once weekly for 4 doses (54.5%) and 1000 mg on days 1 and 15 (45.5%). After rituximab, 77.3% of patients had complete response, 9.1% partial response, and 13.7% non-responding. There were 14 AE reported in 10 of the 22 patients (45.5%) (See table). Three severe infections were found: were 2 patients with invasive pulmonary aspergillosis and 1 patient with invasive cryptococcosis. All of them died within the next month after beginning RTX. One of those who were diagnosed of argeillosis had never received steroids. The other two were treated with high dose of steroids for several months. One patient had a nonischemic cardiomyopathy (NIC) with systolic dysfunction that resolved 4 months after RTX discontinuation.

Conclusion: As far as we are concerned, RTX is a useful and pretty safe biological agent in the treatment of refractory SAD. However, we must be aware of rare adverse effects such as NIC. In addition, given the potential severity of the infections found (although not totally attributable to RTX), we must closely follow up these patients for early diagnosis, treatment and even starting profilaxis in high risk patients.

Disclosure of Interests: None declared
MAY CHRONIC CONSTIPATION-INDUCED CHRONIC RELATIONSHIP BETWEEN FIBROMYALGIA SYMPTOMS?

References:


Disclosure of Interests: None declared


AB0906 RELATIONSHIP BETWEEN FIBROMYALGIA AND TRUNK MUSCLE PERFORMANCE

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Background: Muscle performance is adversely affected by pain, fatigue and low aerobic capacity in fibromyalgia syndrome (FMS).

Objectives: We compared trunk muscle performance of women with FMS and healthy individuals who have similar age and body mass index (BMI).

Methods: A total of 37 women with FMS and 32 healthy women were included this study. The demographic and clinical characteristics of the participants such as age, height, weight, body mass index (BMI), occupations, exercise habits were recorded. In semi-standing position with isokinetic dynamometer (BIODEX) at 60 ° -90 ° -120 ° /second (s) angular velocities, trunk flexor and extensor muscle performances were evaluated. Flexor (flex) peak torque (PT), extensor (ext) PT values and flex/ext PT ratios were noted.

Results: The mean age was 43.9 ± 8.1 years in FMS group and 43.7 ± 6.7 in control group. The mean BMI was 27.5 ± 4.19 in FMS group and 26.4 ± 4.08 in control group. There was no significant difference between the groups in terms of age and BMI (p>0.05). As a result of isokinetic measurements of trunk muscles, extensor PT values were found significantly lower in women with FMS than C group at all three angular velocities (p<0.05). The flexor PT values also were lower in FMS group but no statistically significance in flexor PT values between the groups (p>0.05). When flexor/extensor PT ratio was compared, it was seen that this ratio increased in the FMS group.

Conclusion: There are many studies in the literature assessing upper and lower extremity muscle performances in FMS (1-2). To our knowledge, we first evaluated trunk muscle performances of patients with FMS and we found that trunk muscles, especially extensors, were significantly weaker in FMS group. As a result, in treatment of FMS, there is a need for more comprehensive randomized controlled studies showing the importance of strengthening exercises to improve trunk muscle performance.

References:

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