exon 10 mutation or non-exon 10 mutations. Genotype-phenotype features and response to treatment were compared.

Results: There were exon 10 mutations in 631 (67.5%) patients and non-exon 10 mutations in 304 (32.5) patients. The follow-up period was 50 (26-83.2) months. The age of symptoms onset was significantly lower in group with exon 10 positive than compared group with non-exon 10 mutation. There was no difference between the age of diagnosis and colchicine onset and the diagnosis delay time. The symptoms of fever, chest pain, and arthritis were significantly higher in the exon 10 mutation group than compared other group. Biological agent need was statistically higher in exon 10 mutation group (4.8%) than group with non-exon 10 mutation (1.3%) (Table 1).

Conclusion: In our study, it was observed that cases with exon 10 mutation have early symptoms of disease. Fever, chest pain and joint findings were more prominent in cases with exon 10 mutation than cases with non-exon 10 mutation. Additionally, colchicine resistance should be kept in mind in cases with exon 10 mutation.

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Abstract AB0923 Table 1. Comparison of patients with exon 10 and non-exon 10 mutations

	Exon 10 (+)	Exon 10 (-)	p
n (%) = 935 (100)	631 (67.5)	304 (32.5)	
Female/Male (n) = 445/490	303/328	142/162	0.707
Median age of symptoms onset (months)	48 (24-86.5)	60 (26-109)	0.009
Median age of diagnosis (months)	80 (47-127)	87 (54-136)	0.106
Median diagnosis delay time (months)	17 (6-38)	15 (7-36)	0.484
Symptoms n (%)			
Fever	442 (70.3)	193 (64.1)	0.050
Abdominal pain	458 (72.8)	206 (68.7)	0.191
Chest pain	65 (10.3)	18 (6)	0.029
Erysipelas like rash	11 (1.7)	10 (3.3)	0.127
Arthralgia	231 (36.8)	110 (36.8)	0.999
Arthritis	137 (21.8)	46 (15.3)	0.019
Myalgia	78 (12.5)	26 (8.6)	0.083
Emesis	12 (2)	12 (4)	0.061
Use of biologic agent	30 (4.8)	4 (1.3)	0.009

Disclosure of Interests: Hatice Adiguzel Dundar: None declared, ozge altug gucenmez Speakers bureau: Novartis, Abbvie, Ceyhan Acari: None declared, Serkan Turkucar: None declared, Balahan Makay Speakers bureau: Novartis, Novartis, Roche, Abbvie, Erbil Unsal Grant/research support from: Novartis, AbbVie, Roche, Koçak Pharma, Speakers bureau: Novartis, AbbVie, Roche, Koçak Pharma

DOI: 10.1136/annrheumdis-2019-eular.1589

AB0924 EVALUATION OF PERIPHERAL NERVOUS SYSTEM INVOLVEMENT IN PATIENTS WITH JUVENILE SYSTEMIC SCLEROSIS AND JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Juvenile systemic sclerosis (JSS) and juvenile systemic lupus erythematosus (JSLE) are rare connective tissue disorder characterized by multisystemic involvement, including gastrointestinal, cardiovascular, respiratory and nervous system complications. According to data from literature, peripheral nervous system (PNS) involvement is seen in 10-

86.7% of adult patients with systemic sclerosis. Frequency of PNS disorders is reported as 10-86.7% in adult patients. Data on PNS involvement in patients with JSS and JSLE are scarce.

Objectives: We aimed to evaluate PNS involvement in patients with JSS and JSLE. Consequently, we sought to detect patients with PNS disorders, in order to enable early diagnosis and timely intervention.

Methods: Patients with JSS and JSLE were included in a cross-sectional study. Demographic and clinical data of patients were recorded during clinical visits. All of patients were evaluated and examined for signs of PNS involvement. In order to examine mononeuropathy, polyneuropathy and trigemino-facial involvement, all patients underwent routine nerve conduction studies (NCS), blink reflex (BR) and sympathetic skin responses (SSR) evaluation.

Results: Twenty JSS (15 (75%) female) and 18 (15 (83%) female) JSLE patients were initially included. All of JSS and JSLE patients had normal neurologic examination. NCS was normal in all JSS (20/20) and JSLE (18/18) patients. SSR was not recorded in 1 (5%) JSS and in 3 (16.67%) JSLE patients. BR was recorded in all JSLE (18/18) patients and in majority of JSS patients (19/20, 95%). According to SSR, mean latency of hand and foot was similar in both patients' groups. Amplitude of foot response was lower in JSS patients, comparing to JSLE (Table 1). Among JSLE patients, amplitude of hand response was lower than amplitudes of foot response.

Abstract AB0924 Table 1. Sympathetic skin responses

	JSS mean latency	JSS mean amplitude	JSLE mean latency	JSLE mean amplitude
HAND	1424,63	0,75	1353,26	0,9
FOOT	1935,26	0,55	2011,6	2,6

According to BR, R1, R2, R2K duration and latency were not different between right and left eyes in both patients' groups. R3 was absent in 2 (10%) bilaterally and in 1 (5%) JSS patients unilaterally (right). R3 was absent in 4 (22.2%) bilaterally and in 2 (11%) JSLE patients unilaterally. Absence of R3 was more prominent in JSLE patients, comparing to JSS. (Table 2)

Abstract AB0924 Table 2. Blink reflex responses

	JSS-right	JSS-left	JSLE-right	JSLE-left
R1 duration	5,9	5,8	6,7	6,5
R1 latency	10,3	10,3	10,3	10,2
R2 duration	33,5	33,7	32,7	29,1
R2 latency	30,3	29,8	29,6	30,5
R2K duration	34,4	29,4	34,7	32,2
R2K latency	32,5	33,3	31,9	33,1
R3 presence	3/19	2/19	4/18	6/18

Conclusion: BR could be considered as a potential indicator of neuropathy in JSLE and JSS patients. Data on SSR need to be evaluated in studies with higher number of patients with juvenile-onset connective tissue disorders.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6580