morbidity and mortality are becoming major health concerns for children with inflammatory rheumatic diseases. Inflammation has been suggested to play an important role in the pathogenesis of both atherosclerosis and JIA.

Objectives: objective of this study was to determine carotid intima-media thickness (cIMT) in children with JIA and their correlation with JIA sub-type and markers of inflammation.

Methods: We included 112 patients (50 boys and 62 girls) with diagnosis of JIA for at least 6 months and 54 healthy control subjects (32 girls and 22 males). These all children were had normal body mass index, blood pressure, lipids and blood glucose levels to exclude conventional risk factors.

Carotid ultrasound for evaluation of cIMT was performed by same radiologist who was blinded to the participants' clinical and laboratory data. Patients data were collected. We compared all cIMT values of patients and controls and investigated the relationship between inflammatory markers, disease status, periods and therapies.

Results: Our study showed that children with JIA had more increased cIMT values than controls. There was no correlation between disease subgroups, activity status, ANA, HLA-B27, RF positivity, WBC, ESR and CRP with cIMT. The cIMT values were not differences between patients used steroid, DMARD and biologic agents and non used. An increased active disease and total disease periods, decreased in mean platelet volume were determined as independent risk factors at increased of cIMT.

Conclusion: The study showed that the patients with JIA had more risks than healthy controls for cardiovascular diseases.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8004

Other orphan diseases

AB1073 A RETROSPECTIVE COHORT STUDY OF IGG-4 RELATED DISEASE IN IRISH PATIENTS

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Background: Immunoglobulin (Ig) G4-related disease (IgG4RD) is a novel clinical entity characterized by elevated serum IgG4 concentration and tumefaction or tissue infiltration by IgG4-positive plasma cells.

Objectives: To describe the clinical presentations, laboratory features, imaging manifestations, histopathologic characteristics and treatments in a cohort of 38 patients with IgG4RD.

Methods: A retrospective study was performed at St. Vincent's University Hospital. Clinical, laboratory, imaging and histopathologic data was retrieved from electronic records. All data were assessed using SPSS 24.0.

Results: Median age was 59 years with M:F ratio= 2.2:1. 24 (63.2%) patients were between 25-65 years, 14 (36.8%) were >65 years. 23 (60.5%) patients fulfilled the Comprehensive Diagnostic Criteria for IgG4RD as 'definite', whereas 5 (13.2%) patients fulfilled 'probable' diagnoses and 10 (26.3%) patients fall in 'possible' category. GI manifestations (followed by pancreatic) were the most frequent clinical presentation. 23 (60.5%) patients presented with single organ involvement; pancreas was the most frequently involved organ (17/38, (44.7%)). 55.3% had a serum IgG4 level above 135mg/dL. Lymphoplasmacytic infiltration was the commonest histopathologic pattern reported in 29 (76.3%) specimens. 25 (65.8%) patients had received steroid therapy and 19 (50.0%) had a good response. 11 (28.9%) patients received immunomodulatory agents including Rituximab (n=4), Azathioprine (n=7), and Mycophenolate mofetil (n=4). Overall, 28 (73.7%) patients had complete remission with treatment.

Conclusion: IgG4RD is a rare entity in Ireland and an inadequately understood condition overall. Further research is required to better understand the pathophysiology, clinical course and optimal treatment for IgG4RD.

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Abstract AB1073 Table 1. Organ involvement in 38 patients with IgG4RD

Organ involved	Number of patients (%)
Pancreas	17 (44.7%)
Bile ducts (Biliary tract)	13 (34.2%)
Retroperitoneal mass	7 (18.4%)
Retro-orbital mass (Orbit adnexa)	4 (10.5%)
Lacrimal glands	3 (7.9%)
Salivary glands	2 (5.2%)
Lungs	2 (5.2%)
Lymph nodes	1 (2.6%)
Thyroid	1 (2.6%)
Testicles	1 (2.6%)
Kidney	1 (2.6%)

Abstract AB1073 Table 2. Histopathologic patterns in 38 patients with IgG4RD

Histopathologic pattern	Number of patients (%)
Lymphoplasmacytic infiltration	29 (76.3%)
Obliterative phlebitis	2 (5.3%)
Lymphoplasmacytic infiltration + Increased eosinophils number	1 (2.6%)
Lymphoplasmacytic infiltration + Storiform fibrosis + Obliterative phlebitis	1 (2.6%)
Lymphoplasmacytic infiltration + Storiform fibrosis + Phlebitis without obliteration	1 (2.6%)

Abstract AB1073 Figure 1. IGG-4 Responder Index score in 38 patients with IgG4RD

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.195

AB1074 AUTOIMMUNE/INFLAMMATORY SYNDROME INDUCED BY ADJUVANTS—ASIA—RELATED TO BIOMATERIALS: ANALYSIS OF 50 CASES

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Background: Systemic autoimmune or granulomatous disorders related to biomaterials of human use have rarely been described

Objectives: The aim of this study was to report cases of autoimmune/inflammatory syndrome induced by adjuvants (ASIA) related to biomaterial injections and prostheses, mainly silicone, hyaluronic acid, acrylamides and methacrylate compounds in a Spanish patient cohort.

Methods: This study is a retrospective analysis of clinical, laboratory, histopathological and follow-up data of 50 cases of patients suffering from late-onset, non-infectious inflammatory/autoimmune disorders related to bio-implants. Late onset was defined as 3 months or more post injection. Data were obtained through a further non-systematic but comprehensive review of the literature. Fifty cases of late-onset adverse reactions related to biomaterial injections or prostheses were reviewed.

Results: All cases had systemic complaints that could be categorised as ASIA. In all but five patients, inflammatory features at the implantation