inhibitors (baricitinib and tofacitinib, respectively), one patients with anti-TNF (infliximab) and another one with anti-CD20 (rituximab).

Conclusion: In general, our results match with what it is published in the literature.

For the treatment of AOSD has been used high doses of ASA (4g/day) or NSAID. However, the required doses (with their respective adverse effects), its limited responses and the frequent relapses after its suppression make difficult to maintain it. Nowadays, the systemic glucocorticoids are our first choice (0.5 to 1 mg/kg/day). A high average of our patients have a positive response with it, but in a 54% of the cases were necessary to add methotrexate or others DMARDs because of a partial response with steroids.

In the physiopathology of the AOSD there is an increase of pro-inflammatory cytokines, as the tumor necrosis factor, IL-1 e IL-6. The use of therapies that inhibit these molecules (anti-TNF, anakinra or canakinumab as anti-IL-1 or tocilizumab or sarilumab as anti IL-6) is being a progress. The inhibitors of IL-1 can be more efficient for systemic manifestations, while the inhibitors of IL-6 are for articular and systemic affectionation. The TNF inhibitors should being used for the articular affectionation only. In our patient cohort there is no patient with anti-IL1, a patient in clinical remission with anti-TNF and another one with anti-IL-6. Prospective studies with a higher number of patients is necessary to define better the AOSD treatment.

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AB1077

ANTI-IL6-RECEPTOR TOCILIZUMAB IN GRAVES' ORBITOPATHY. MULTICENTER STUDY OF 46 PATIENTS IN CLINICAL PRACTICE

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Background: Graves' orbitopathy (GO) is the most common and important extrathyroidal manifestation of Graves' disease. Corticosteroids and conventional immunosuppressors are not always effective or well tolerated. The IL-6 receptor antibody tocilizumab (TCZ) has demonstrated efficacy in the treatment of this pathology.

Objectives: To assess the efficacy of TCZ in refractory thyroid associated orbitopathy (TAO) due to Grave's disease.

Methods: Multicenter study of 46 patients with TAO refractory to conventional immunosuppressive therapy.

Results: We studied 46 patients (85 eyes) (37 women/9 men); mean age at diagnosis 49.2±11.8 years. Besides oral corticosteroids, before the onset of TCZ patients had been treated with pulses of iv methylprednisolone (42), radioactive iodine (4), methotrexate (2) and other drugs (selenium in 11 cases, methimazole in 8, leflunomide in 1 and azathioprine in 1). 7 patients underwent ocular urgent decompressive surgery.

According to the classification of severity of the EUGOGO group (European Group on Graves' Orbitopathy) using the clinical activity score (CAS), before TCZ onset patients whose data were available had severe (27 eyes) or moderate (34 eyes) disease. Moreover, patients presented exophthalmos (53 eyes), strabismus (37 eyes), muscle fibrosis (38 eyes) and dysthyroid optic neuropathy (10 eyes).

TCZ was used in monotherapy (43) or combined with methotrexate (2) or azathioprine (1) at 8 mg/kg/iv/4 w (41) or 162 mg/sc/w (5). TCZ yielded

rapid and maintained improvement in all ocular parameters as shown in Figures.

FIGURES 1,2,3. Improvement of ocular parameters with TCZ therapy. Data are expressed as mean or median.

Abbreviation: CAS= clinical activity score (0/7 at baseline, 0/10 in the rest of time measures).

Figure 1

After a mean of 7.42±6.41 months using TCZ and a mean follow-up of 16.47±11.99 months, all patients experienced ocular improvement, with TCZ withdrawal in 28 cases due to complete remission (10), improvement (12) or stability of ocular inflammation (3), inefficacy (2) and total thyroidectomy (1). Only 5 relevant adverse effects were observed (neutropenia, external otitis, otitis media, costal osteitis and gingival hyperplasia, 1 each).

Conclusion: TCZ appears to be a useful and secure option in GO treatment.

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AB1078

RED CELL DISTRIBUTION WIDTH (RDW) – A NEW POSSIBLE DISEASE ACTIVITY PREDICTOR IN RELAPSING POLYCHONDRIITIS

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Background: Relapsing polychondritis (RP) is a rare condition defined by recurrent inflammation of cartilaginous tissue and systemic manifestations. Biomarkers for RP diagnosis and assessment of disease activity, damage and prognostic in clinical practice are currently lacking. Red blood cell distribution width (RDW) is an index of erythrocyte size variation depicting