Results: 145 patients (46.4%) were diagnosed with SAR (34 men and 111 women). EN associated with bacterial-viral infection was detected in 167 patients (53.5%). Serological examination of these patients showed an increase of ≥ 3 times the levels of antibodies to Herpesviridae (79 people), *M. pneumoniae* (15), *CL. Pneumonia* (11), *Y. enterocolitica* (11), *Chl. trachomatis* (9), *M. hominis* (6), increase of ASL-O (57). EN with SAR is characterized by: the duration of the disease up to 6 months (odds ratio (OR) 7,320, 95% confidence interval (CI) 2,297–23,329, $p < 0.005$), multiple diffuse lesions on the legs and single diffuse lesions on the thighs and/or forearms (OR 15,500, 95% CI 1,983–121,132; $p < 0.005$), lesions of ankle joints (OR 35,905, 95% CI 9,523–135,365; $p < 0.005$), high CRP level (OR 5,429 95% CI: 2,164–13,618; $p < 0.005$). Predictors of the formation of the CT phenomenon of “frosted glass” in ATS were male sex (OR 6.5; DI 1.2–35; $p = 0.026$) and the presence of conglomerates of nodes (OR 4.8; DI 1.4–16.1; $p = 0.01$). Postinfectious EN was characterized by its development typically before the age of 30 (OR 0.825, 95% CI 0.328–2.077, $p < 0.005$), the symptom of “blooming” bruise (OR 0.028, 95% CI 0.009–0.092, $p < 0.005$), an increase in antistreptolysin-O (OR 0.035, 95% CI 0.006–0.207, $p < 0.005$). Within 1 year of follow-up, 72% of patients with SAR EN did not relapse, and the joint syndrome almost completely regressed. Postinfectious EN recurred within 1 year in 38 people due to: exacerbation of chronic tonsillitis (14), ARVI/hypothermia (10), stress (5), violation and ineffectiveness of prescribed therapy (9).

Conclusion: Post-infectious EN is somewhat more common than EN in SAR. The latter is characterized by greater severity of clinical parameters and high parameters of inflammatory activity. These features should be borne in mind when carrying out differential diagnosis in patients with EN.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.3736

AB1085 OSTEO-ARTICULAR MANIFESTATIONS OF SARCOIDOSIS: ABOUT 13 CASES

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Background: Sarcoidosis is a systemic disorder of unknown etiology, affecting the respiratory tract and the lymphatic system with predilection. It is an ubiquitous condition whose clinical phenotype is very diverse.

Objectives: To detail the epidemiological, clinico-biological, therapeutic and evolutionary features of osteoarticular forms of sarcoidosis.

Methods: This is a monocentric, descriptive retrospective study conducted over a 17-years period [2002-2018] involving 13 patients diagnosed with sarcoidosis with osteoarticular manifestations at the department of Rheumatology at Farhat Hached University Hospital in Sousse.

Results: 13 patients with osteoarticular manifestations were studied; this was indicative of the disease in 8 cases (61.5%). The sex ratio was 0.23 with a mean age of 42.38 years and a diagnostic delay of 12 months. In 77% of cases, inflammatory arthralgia was noted, Löfgren syndrome (30.7%), chronic polyarthritis (30.7%), phalanges cystoid osteitis (15.4%) and no cases of monoarthritis. The extra articular manifestations found were: Adenomegaly (92.3%), lung (77%), cutaneous (38.5%) (including 80% erythema nodosum), neurological (30.7%) (Aseptic meningitis and convulsion), ocular (23%) (chorioretinitis, keratoconjunctivitis and retro-bulbar optic neuritis), cardiac (15.4%), and biological hepatitis (7.7%). In the biology, a biological inflammatory syndrome was found in 30.7% with a mean sedimentation rate of 31.07 in the 1st hour, an average CRP of 9 mg/L, cholestasis and cytotoxicity found in 15.4% and 7.7%, respectively. No Hypercalcemia was noted. The value of the conversion enzyme was high in 5 out of 6 patients who were dosed with an average of 71 $\mu\text{g/L}$. In imaging, sarcoidosis was destructive in 4 cases; A multifocal osteonecrosis, Algodystrophy of the two hips and two cases of bullous cystoid osteitis of phalanges.

Conclusion: The osteo-articular involvement of sarcoidosis is polymorphic, which can reveal the disease or enamel its evolution.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6434

AB1086 ADULT ONSET STILL'S DISEASE: EXPERIENCE OF THE RHEUMATOLOGY DEPARTMENT OF THE UNIVERSITY HOSPITAL OF CASABLANCA

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Background: Adult onset Still's disease (AOSD) is a rare condition characterized by four cardinal signs: fever, arthralgia/arthritis, rash, and neutrophilic leukocytosis. The absence of specific criteria is currently compensated by pathophysiological advances, leading to the introduction of a promising new therapeutic arsenal represented by biotherapies.

Objectives: The aim of this study was to compare the profiles of this disease in our latitudes with data from foreign literature; and to study the most recent data concerning the pathophysiology and treatment of this disease.

Methods: We conducted a retrospective study of hospital files from January 1993 to October 2018. The diagnosis is retained according to Yamaguchi criteria. Analysis was performed using IPSS.

Results: 17 patients were selected. The sex ratio was 0.54, and the average age was 31.5 years. At the time of diagnosis, fever was found in 94% of cases, arthralgia/arthritis in 100% of cases, and rash in 65% of cases. Concerning rheumatic features, the most frequently affected joints were: wrists (87%), knees (73%), shoulders (67%), proximal interphalangeal (62%), elbows and ankles (60%), hips (47%). The involvement of the hands is dominated by the proximal interphalangeal and metacarpophalangeal (45%). Distal interphalangeal involvement is observed in 23% of cases. Cervical spine involvement is noted in 50% of cases. Biologically, 88% of patients had neutrophilic leukocytosis. Ferritinemia was increased in 79% of patients. The glycosylated fraction of ferritin was measured at diagnosis in 47% of patients, of whom 63% had a fraction $\leq 20\%$. Elevated transaminases were found in 47% of cases. Therapeutically, 100% of patients received corticosteroids; 65% methotrexate; and 29% biotherapies (tocilizumab, anakinra, infliximab, adalimumab). The evolutionary profile was exploitable in 13 patients, of whom 10 were in complete remission.

Conclusion: Our data are consistent with those in the literature. Some peculiarities emerge concerning the articular features. From 3 series of literature and ours, totaling 135 cases, it appears that the most frequent locations are: wrist (82%), knees (70%), elbows (46%), ankles (45%), proximal interphalangeal (44%), shoulders (42%) and metacarpophalangeal (42%). The pathogenesis of AOSD seems to lie at the crossroads between auto-inflammatory diseases and lymphohistiocyte activation, resulting from a multifactorial predisposition. The central role of innate immunity, the clinical presentation, and the efficacy of blocking the IL-1 pathway comparable to that observed in “monogenic inflammasomopathies” justify the reclassification of AOSD among polygenic auto-inflammatory syndromes.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2204