CLINICAL FEATURES OF FAMILIAL MEDITERRANEAN FEVER PATIENTS IN NORTH-WESTERN PART OF TURKEY: ANALYSIS OF 139 PATIENTS

Emel Gür1, Didar Şensoç2, İlhan Yıldırım3, Yunus Emre Özer1, Ünal Erkorkmaz1, Sakarya University, Internal Medicine/Rheumatology, Sakarya, Turkey; 2Sakarya University, Internal Medicine, Sakarya, Turkey; 3Sakarya University, Biostatistics, Sakarya, Turkey

Background: Familial Mediterranean fever (FMF) is known as the most common monogenic autoinflammatory disease. Its prevalence is reported high from the eastern Mediterranean areas (1) The disease is characterized by episodes of fever, serositis, arthritis, renal complications and other different clinical manifestations (2)

Objectives: Here, we aimed to present our data of our 139 FMF patients for demonstrating the demographic and clinical features of the study group from North-western part of Turkey.

Methods: A total of 139 FMF patients who were diagnosed and treated in the department of Internal medicine/Rheumatology, Sakarya University (North-western area of Turkey) were included in the study and the demographic and clinical characteristics of the patients were examined.

Results: The mean age of the patients was 39.02 ± 11.3. Male gender was 42 (30.2%) and female gender was 97 (69.8%), 107 (77%) of patients had fever and 32 (23%) had no history of fever. 127 (91.4%) patients complained about peritonitis, 27 (19.4%) patients had pleuritic pain, 19 (13.7%) patients had erysipelas like erythema and 53 (38.1%) patients had arthritis attack. 34 (24.5%) patients also had sacroiliitis. The ratio of resistance of treatment response to colchicine drugs that can be available in Turkey (Colchicum dispersum), 6 (4.3%) was determined. Interestingly these patients responded to the colchicine drugs available from some other countries from Europe (as Colchicine-opocalcin and Colchicine-irica). None of our patients needed anti-IL1 therapies. The rate of amyloidosis was 5 (3.6%).

Conclusion: FMF is a disease with high morbidity and mortality. 96.5% of the patients in our region have response to colchicine drugs which is available in our country. The remaining patients have also response to colchicine available from some other countries. None of our patients had anti-IL1 therapies.

REFERENCES

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THE RELATIONSHIP BETWEEN NAILFOLD CAPILLAROSCOPY FINDINGS IN BEHÇET’S PATIENTS AND COURSE OF THE DISEASE

Recep Yılmaz1, Mücteşeba Enes Yayla2, Murat Torgutalp2, Gülay Kınıskı1, 1Ankara University School of Medicine, Department of Internal Medicine, Ankara, Turkey; 2Ankara University School of Medicine, Department of Rheumatology, Ankara, Turkey

Background: Behçet’s disease is a chronic, recurrent and systemic vasculitis that may affect veins and arteries at all diameters. Small vessel involvement is responsible for most of its pathological signs.

Objectives: We aimed to compare the nailfold capillaroscopy findings of patients with Behçet’s disease to a healthy control group and examine the relationships, as well as revealing the relationships with the sub-type, activity and other characteristics of Behçet’s disease.

Methods: We conducted a cross-sectional analysis of 153 patients with Behçet’s disease and 165 healthy volunteers in a single center. The capillaroscopic findings of the 2nd-5th fingers of both hands of the participants in the Behçet’s patients and control groups were included in the analysis. Capillaroscopic findings were evaluated by two different experts who were experienced in this field by using the scoring at Atlas of Capillaroscopy in Rheumatic diseases by Maurizio Cutolo (1).

Results: There was no statistically significant difference between the two groups in terms of age or sex (respectively p=0.189 and p=0.585). There was no difference between the Behçet’s patients and healthy volunteers in the qualitative analysis on capillary density, capillary visibility, aneurism, capillary tortuosity, capillary enlargement and presence of avascular areas (p values respectively: 0.610, 0.147, 0.481, 0.057, 0.514 and 0.110). In the Behçet’s patients, bushy capillaries (24.2%, 37/153), capillary dilatation (32%, 49/153) and microhemorrhage (39.2%, 60/153) rates were significantly higher than those in the healthy control group (p<0.001). In the quantitative analysis, total capillaroscopy score was significantly higher in the Behçet’s patients than those in the healthy control group (p<0.001) (Table 1). No statistically significant relationship was found between the presence of clinical signs and capillaroscopy scores, except for erythema nodosum.

Conclusion: the Behçet’s patients had significantly higher total capillaroscopy scores in comparison to those in the healthy control group. Based on these data, we believe that the capillaroscopic changes found in Behçet’s patients, though unspecific, may support clinical diagnosis in uncertain cases where Behçet’s disease is considered as a probability. There is a need for well-planned prospective studies to support our thought.

REFERENCES

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