AB1267 THE PREVALENCE OF RHUPUS SYNDROME IN A MONOCENTRIC TERTIARY REFERRAL COHORT

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Background: Systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) are two systemic chronic autoimmune diseases characterised by a wide spectrum of clinical and immune-pathological features. In clinical practice, the concept of *Overlap Syndrome* is defined when the two diseases coexist in the same patient. Rhupus syndrome is a rare clinical condition, characterized by overlap of SLE and RA. However, it is still subject to debate whether the syndrome should be considered a distinctive entity or an aggressive form of SLE. To date, the estimated prevalence of rhupus is unknown.

Objectives: To evaluate the prevalence of patients with rhupus syndrome in our tertiary care center.

Methods: We chart-reviewed all patients with a diagnosis of SLE[1] or RA[2], based on the current ACR classification criteria, who presented to our outpatient clinic rheumatology unit. Clinical and laboratory data were retrospectively collected from patient notes. Diagnosis were systematically analyzed by two independent reviewers (SGF and ER). Disagreements were resolved by consensus; if consensus could not be achieved, a third party (SS) would provide an assessment of eligibility.

Results: One-hundred eighty-two patients with a diagnosis of SLE and 253 patients of RA, were identified. Out of 182 SLE and 253 RA cases analysed, only 2 patients fulfilled rhupus criteria. The estimated prevalence in our cohort was 0.46% (2/437).

In Figure 1 are illustrated the clinical manifestations of SLE (Panel A; Malar rash) and RA (radiograph-documented erosive polyarthritis) of the two patients.

Figure 1

Additionally, we identified 7 patients (1.61% of the total cohort) that only partially fulfilled both criteria for SLE and RA. In detail, 1 patient (0.23%) manifested with an overlap of clinical manifestations of SLE and RA, while 1 patient had an overlap of both laboratory criteria. Two patients (0.46%) presented with clinical criteria of RA and laboratory criteria for SLE and RA and 3 patients (0.69%) with clinical criteria of SLE and laboratory criteria for SLE and RA. Patient's selection is resumed in Figure 2.

Figure 1

Conclusion: The prevalence of rhupus observed in our study was relatively low (0.46%). However, we identified up to 1.6% of patients partially fulfilling a diagnosis of rhupus. Rhupus syndrome is a rare and aggressive clinical condition and further prospective studies and an harmonization of classification criteria are highly needed.

REFERENCES

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AB1268 VASCULAR INVOLVEMENT IN BEHÇET'S DISEASE : ABOUT 87 CASES

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Background: Behçet's disease (BD) is a systemic vasculitis which ethio-pathogenesis still poorly understood.

Vascular involvement is one of the major causes of mortality and morbidity in this disease.

It occupies a special place in the cardiovascular pathologies because of its venous and arterial tropism all confounded caliber but also because of its pejorative prognosis as well on the functional level as vital.

Objectives: Our goal was to present the various venous and arterial manifestations of BD, their epidemiological, clinical, evolutionary and therapeutic characteristics.

Methods: This is a retrospective study over a period of 9 years [2009-2018] that enrolled 87 patients who met the international criteria for Behçet's disease. The characteristics of vascular involvement were studied.

Results: Twenty-two patients had vascular involvement (25%). There are 17 men and 5 women (sex ratio H/F=3.4), mean age at diagnosis of angina Behçet 39 years [22 years-63 years].

The vascular lesions were indicative of the disease in 17 cases (77%), and for the other 5 patients, the mean time to onset of vascular disease compared with the diagnosis of BD was 2 years.

Patients' fulfilling the diagnosis of rhupus is resumed in Table 1.

	ANA	anti-dsDNA	RF (U/ml)	anti-APCAs (U/ml)	Articular involvement	SLE extra-articular manifestations	Immunosuppressive treatment undergone
Patient 1	1:320 Homogeneous pattern	Positive (IFI)	219	63	Erosions of MTF and ulnar deviation of the wrists	leukopenia, malar rash	hydroxychloroquine, methotrexate, leflunomide, sulfasalazine, ciclosporin, azathioprine, abatacept, rituximab, tocilizumab
Patient 2	1:160 Granular pattern	Positive (IFI)	55	47.95	Loss of ICs, CMCs and MCPs joint space and bilateral MCP joint erosions (2nd-4th)	Myelitis, leukopenia, malar rash, oral ulcers	hydroxychloroquine, methotrexate, azathioprine, mycophenolate, tocilizumab