colchicine and the group that needed to renew therapy in demographic, genetic and most clinical parameters, including the age (13.4±3.9 vs 11.9 ±3.7±0.26), level of SAA at enrolment (4±3.6 vs 3.3±2.4p=0.7) and time of last attack prior to enrolment (12±6.9 vs 8.6±6.2 months p<0.08). Myalgia and arthritis were more common among children that required to renew therapy compared to the group that didn’t (31% vs 6.7% p<0.058 and 31% vs 3% p=0.024 respectively).

Conclusion: Cessation of colchicine therapy following prolonged remission in selected group of patients who are not homozygous for MEFV mutation could be considered. Patients with arthritis or arthralgia are more likely to have an attack after ceasing colchicine therapy.

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WHOLE BODY MAGNETIC RESONANCE IMAGING IN JUVENILE DERMATOMYOSITIS: A LONGITUDINAL STUDY

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Background: Juvenile dermatomyositis (JDM) is a rare multisystem connective tissues disorder of unknown etiology. Assessment of disease activity is a challenge in clinical practice.

Objectives: To compare whole-body MRI (WB-MRI) with clinical examination in the assessment of disease activity in JDM.

Methods: We included consecutive JDM patients followed in the rheumatology unit. All patients were submitted to clinical and laboratory evaluation. WB-MRI images were obtained using a 1.5 T MRI scanner and short T inversion recovery sequences (STIR). Muscle, peripheral inflammation and subcutaneous inflammations signal abnormalities were scored in 42 muscular groups. Muscle inflammation was classified as: 0 = absent; 1 = Mild to moderate/involvement less than 50%; 2 = Accentuated/greater than 50%. Peripheral and subcutaneous inflammations were classified as: 0 = absent; 1 = present; and on proximal and distal extremities. WB-MRI and clinical assessments were performed concurrently and results compared. Evaluation was repeated after 12 months. Statistics was performed according to the nature of the variable.

Results: WB-MRI revealed muscle inflammation in 6 (31.6%) at study entry. We observed grade 2 muscle inflammation of the right and left scapular girdle (1/19 patients), right and left pelvic girdle (2/19 patients) and right and left thigh (1/19 patients). Grade 1 inflammation was observed in peripheral right and left arm (2/19 patients), peripheral right and left thigh (1/19 patients). Grade 1 subcutaneous inflammation was observed in right and left thigh (1/19 patients) and left leg (1/19 patients). Additionally we observed sacroiliitis (1/19 patients), spinal cord infarction (21%) and osteonecrosis (5.2%). All patients were treated with prednisolone. Among patients belonging group 2, 9 received anakinra at first relapse, 7 at the second, 2 at the third and 2 at the fourth. Anakinra treatment was followed by a prompt resolution of symptoms and inflammatory signs within 2 days. During daily treatment with full dose anakinra, no relapses were observed over a median of 13.3 months (range 5-24 months). In 13 out of 22 patients, anakinra was gradually tapered reducing the days of administration during the week. Four of these patients relapsed. The mean time from the start of anakinra to tapering was 17±4 months (range 10-36 months). Among patients who relapsed, anakinra was gradually tapered reducing the days of administration during the week. Four of these patients relapsed. The mean time from the start of anakinra to tapering was 17±4 months (range 10-36 months). Among patients who relapsed, anakinra was gradually tapered reducing the days of administration during the week. Four of these patients relapsed. The mean time from the start of anakinra to tapering was 17±4 months (range 10-36 months). Among patients who relapsed, anakinra was gradually tapered reducing the days of administration during the week. Four of these patients relapsed. The mean time from the start of anakinra to tapering was 17±4 months (range 10-36 months). Among patients who relapsed, anakinra was gradually tapered reducing the days of administration during the week. Four of these patients relapsed. The mean time from the start of anakinra to tapering was 17±4 months (range 10-36 months).

Conclusion: Our study confirms the lack of a standardized treatment approach in patients with recurrent pericarditis. Patients treated with glucocorticoids at first episode relapse before than those treated with other drugs. Anakinra is an effective treatment; however, tapering/discontinuation of the drug lead to relapses in several cases. Further experience on larger population is needed to define the best treatment duration and approach to withdrawal of IL-1 inhibitor

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