Co-morbidities, n (%)			
Hypertension, n (%)	12(19.6)	13 (33.33)	NS
Hypothyroidism, n (%)	12(19.6)	4(10.2)	NS
Type 2 Diabetes Mellitus, n (%)	5(8.2)	5(12.82)	NS
Rheumatological diseases, n (%)	5(8.2)	3(7.7)	NS
Cardiac disease, n (%)	3(4.9)	2(5.1)	NS
Malignancies, n (%)	2(3.2)	2(5.13)	NS
Additional medications (number of patients, %)	36 (61)	29 (74.3)	NS

Conclusion: According to our preliminary data the majority of the patients continue to take colchicine after age of 40. However the frequency of FMF attacks as well as daily colchicine dose decrease as the patients get older. With well designed trials stopping colchicine treatment may be considered in a subgroup of patients after 50 years of age. Approximately $\frac{3}{4}$ of the FMF population over 40 years of age has a comorbidity that necessitates additional medications which underlines the need for special attention.

Disclosure of Interests: None declared

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THU0572 RHEUMATOLOGICAL ASPECTS OF FORMS AND VARIANTS OF PANNICULITIS

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Background: Panniculitis (Pn) is a set of heterogeneous inflammatory diseases characterized by lesions of subcutaneous fat (SCF) and often accompanied with the defeat of the musculoskeletal system and internal organs. Depending on the etiology and histomorphological picture, Pn is divided into two forms: septal (SPn) and lobular panniculitis (LPn) with and without signs of vasculitis, which is reflected in the clinical picture of the disease. Often Pn is one of the symptoms of rheumatic diseases (Rd), it can lead to late diagnosis of the underlying disease.

Objectives: to study the frequency of occurrence of forms and variants of Pn in rheumatological practice on the basis of long-term prospective observation

Methods: We examined 687 patients with Pn (613 women and 74 men, mean age 39.7±11.31 and 41.2±12.57 years, respectively) with the referral diagnosis of "Erythema Nodosum" (EN) or "Panniculitis", who were observed in the rheumatologic clinic in 2007-2017. In addition to general clinical examination, we determined serum concentrations of α -1 antitrypsin, amylase, lipase, ferritin, creatine phosphokinase, conducted a CT scan of the chest organs, immunological, TB tests and pathological study of skin biopsy from the node.

Results: As a result of application of the developed diagnostic algorithm, 430 patients (62.6%) were diagnosed with SPn and 249 patients (36.2%) - with LPn. In 9 cases (1%) (3 patients with SPn and 6 — with LPn), it was not possible to confirm the variant of Pn, despite the comprehensive examination. In 8 patients (1.1%) no Pn data were revealed, the following diagnoses were verified: 2 patients (25%) — discoid lupus and lipodystrophy, 1 (12.5%) — erysipelas, lichen, fixed erythema and keratoacanthoma. SPn in 94% of cases (400 patients) was presented by EN, in 4% (18) — by superficial migrating thrombophlebitis, in single cases (1-0%) — by eosinophilic fasciitis, skin nodular polyarteritis and scleroderma-Pn (2, 6 and 1 patients, respectively). In 28% of cases LPn was associated with systemic connective tissue lesions, in 27% with idiopathic lobular Pn (Weber — Christian panniculitis) ($p < 0.002$), in 32.92% with lipodermatosclerosis and in 14.28% with subcutaneous sarcoid. In a few cases LPn was caused by lymphoproliferative (2.88%) and cancer (2.49%) diseases, calciphylaxis (2.05%), erythema Bazin (1.64%), cold Pn (0.82%) and alpha 1-antitrypsin failure (0.41%)

Conclusion: the results confirm that patients with SPn were found twice as often as with LPn. Pn was mainly associated with sarcoidosis, EN and Rd, which confirms the relevance of further research of Pn.

Disclosure of Interests: None declared

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THU0573

COMPLICATIONS AND ACTIVITY OF UVEITIS IN A MULTIDISCIPLINARY REFERENCE UNIT IN THE NORTH OF SPAIN

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Background: Uveitis, an intraocular inflammatory disease, is a significant cause of visual impairment. It is not known how many patients with uveitis will retain visual acuity and how many develop visual impairment or even blindness. The activity of uveitis, the use of topic and oral steroids could produce ocular complications.

Objectives: To describe the complications and the activity of the uveitis in a cohort of 500 patients diagnosed in one unit of reference in the North of Spain.

Methods: A prospective study of complications and the activity of the 500 adults with uveitis were evaluated in the multidisciplinary Uveitis Unit of Complejo Hospitalario de Navarra from January of 2010 to March of 2015. Uveitis activity and the type of complication to the year of follow-up were analysed. The variables were collected according to the terminology of the activity of the SUN (inactive, worsening, improvement and remission). To facilitate statistical analysis variables inactive and remission were grouped in a same term. A study of characterization of the evolution and worsening of the activity to the year of follow-up with age, sex, foreign, type of uveitis, etiology, laterality, treatments and complications. The characterization was carried out through the SPAD 8 program and was carried out by contrast Chi square.

Results: We collected a total of 500 patients, 54.4% of patients remained inactive or in remission after 1 year of follow-up, 13.2% presented worsening of their activity and 32.45% had improved. A bivariate analysis was performed between the variable evolution per year and other variables. We didn't observe relationship between the evolution per year and age, sex, foreign, type of uveitis, etiology, laterality, topical treatment, intravitreal treatment, biological treatment or surgical treatment. Relationship was found statistically significant between the evolution with the existence of complications ($p = 0, 0$) and oral immunosuppressive treatment ($p = 0, 008$). There was statistically significant relationship between the variable worsening with the existence of complications ($p = 0, 0$), topical eye treatment ($p = 0, 035$), oral immunosuppressive treatment ($p = 0, 011$), and not relationship with age was found ($p = 0, 8$), sex ($p = 0,35$), foreign ($p = 0, 27$), type of uveitis ($p = 0, 85$), laterality ($p = 0, 6$) etiology ($p = 0, 1$), periocular treatment ($p = 0, 50$), intravitreal (0.56) and biologic treatment ($p = 0,182$). 65% of the patients did not show any complication a year of follow-up and the most frequent complications were cataract (10%), synechiae (8%), macular edema (5%), glaucoma (3%), detachment of retina (3%), epiretinal membrane (2%) and other (5%).

Conclusion: 87% of the patients were in remission or improvement to the year of follow-up. The worsening of the uveitis is related with the existence of complications and oral immunosuppressive treatment.

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