Lupus anticoagulant	3	37	85	OR: 3.66 (0.98, 13.72)
P-selectin	2	33	75	MD: 0.85 (-0.08, 1.77)
Thrombomodulin	5	92	264	MD: -0.22 (-0.86, 0.41)
Erythrocyte aggregation	3	47	112	MD: -0.24 (-0.62, 0.15)

MD: mean difference, OR: odds ratio, tPA: tissue plasminogen activator

Disclosure of Interests: : Gul Guzelant Ozkose: None declared, Berna Yurttas: None declared, Sinem Nihal Esatoglu: None declared, Vedat Hamuryudan Consultant for: Abbvie, Amgen, BMS, Jansen, MSD, Pfizer, UCB, Speakers bureau: Abbvie, Amgen, BMS, Jansen, MSD, Pfizer, UCB, Hasan Yazici: None declared, Gulen Hatemi Consultant for: Abbvie, Amgen, BMS, Janssen, MSD, Pfizer, UCB, Speakers bureau: Abbvie, Amgen, BMS, Jansen, MSD, Pfizer, UCB,

[1] DOI: 10.1136/annrheumdis-2019-eular.7984

THU0576 PROGNOSTIC FACTORS PREDICTING THE SURVIVAL OF PATIENTS WITH MACROPHAGE ACTIVATION SYNDROME

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Background: Macrophage activation syndrome (MAS) is a hyperinflammatory condition, which can lead to death in patients with rheumatologic disease. However, the prognosis of adult patients with MAS is largely unknown.

Objectives: We aimed to investigate the mortality in patients with MAS accompanied Adult-onset Still's disease (AOSD) or systemic lupus erythematosus (SLE) and to evaluate the prognostic factors predicting the mortality in patients with MAS.

Methods: We retrospectively reviewed febrile patients with AOSD or SLE admitted to Severance Hospital between 2005 and 2018. Patients who satisfied the classification criteria of MAS was included in the analysis. Cox-regression analysis was performed to evaluate the clinical factors associated with the overall mortality in patients with MAS.

Results: Of the total 123 patients, 48 (39%) patients and 75 (61%) patients were diagnosed with AOSD and SLE, respectively. Forty-three patients (35%) were died from MAS during hospitalization. There was no significant difference in mortality between AOSD and SLE ($P = 0.675$). In multivariate analysis, cytopenia, and insufficient reduction of ferritin and rebound of inflammation after initial treatment with glucocorticoid were independently associated with death in patients with MAS ($P = 0.019$, < 0.001 , and 0.011 , respectively).

Conclusion: The presence of cytopenia, and treatment response after glucocorticoid treatment was closely related with death in patients with MAS. More intensive treatment should be considered in high-risk patients with poor prognostic factors.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7109

THU0577 EFFICACY OF RADIOSYNOVIORTHESIS IN PIGMENTED VILLONODULAR SYNOVITIS OF THE KNEE

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Background: Pigmented villonodular synovitis (PVNS) is a rare disorder with the benign tumoral proliferation of the synovium. The surgical treatment of PVNS alone in most cases is unsatisfactory, because if a few cells have not been removed, the disease will recur.¹ Post-synovectomy adjuvant treatment with intra-articular injection of Yttrium-90 (⁹⁰Y) or Holmium-166 (¹⁶⁶Ho) yielded better results. The radiosynoviorthesis (RSO) is an effective way of treating the chronic synovitis, with this method we are eliminate the inflammation in 75 percent of the cases.²

Objectives: To study efficacy of radiosynoviorthesis after the surgical synovectomy in pigmented villonodular synovitis of the knee.

Methods: Between May 1986 and August 2018, 17 patients (seven men and ten women aged 14–68 years) with diffuse PVNS were treated. All patients had monoarticular arthritis of the knee with histologically proved PVNS. The patients underwent 33 operations, two patients had four surgical procedures, one patient underwent three surgeries, eight patients had two surgeries and six patients had one surgical procedure (Table 1.). The radiosynoviorthesis was performed according to the method accepted in the national protocol. Yttrium-citrate injectable suspension marked by 185 MBq ⁹⁰Y-citrate injectable suspension, and 40 mg of 1 ml triamcinolone acetonide and 1 ml of lidocaine 1%.³ Holmium-phytate injectable suspension marked by 600 MBq ¹⁶⁶Ho-phytate injectable suspension, and 40 mg of 1 ml triamcinolone acetonide and 1 ml of lidocaine 1%.³

Evaluation was based on the criteria as described by Müller, Rau and Schütte the score system was developed by the authors.⁴ The circumference of joint-swelling, the joint function, the measure of flexio-contracture, pain in state of rest and load on a pain analogue scale 1-10, joint warmth, walking capacity, the numbers of joint-punctures after the treatment, whether operation was necessary or not after the treatment were examined.

Number of patients	age	surgery before RSO				number of RSO	
7 men and 10 women total: 17	14-68 years	1	2	3	4	1	2
6 patients	8 patients	1 patient	2 patients	10 patients	6 patients	1 patient	

Table 1. Patients with pigmented villonodular synovitis

Results: Mean follow-up time was 56 months (range from 4 to 144 months). All patients were followed up using clinical assesment. After the first injection excellent and good results were recorded in 41%. After the second radiosynoviorthesis thirteen patients (76%) showed excellent and good response (Table 2.). The mean functional evaluation score of 17 patients was 28 (range 16-34). Most of the ratings were excellent or good, in four cases moderate (24%). No complications were noticed after surgery or after the radiosynoviorthesis.

functional evaluation score	response	patients	%
29-35	excellent	10	59%
22-28	good	3	18%
15-21	moderate	4	23%
8-14	mild	0	
0-7	worsening	0	

Table 2. Functional evaluation score after the RSO

Conclusion: A combination of debulking surgery with radiosynoviorthesis of Yttrium or Holmium for diffuse PVNS of the knee joint is a reliable treatment method, with good results.

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