Background: A recent study showed that the risk of ankylosing spondylitis (AS) was increased in patients with uveitis.1
Objectives: The study aimed to test the risk of psoriasis (PsO), Crohn's disease (CD), ulcerative colitis (UC) and AS in uveitis patients.
Methods: The data source of this study was the 2003–2012 claims data from the Taiwanese National Health Insurance Research Database. We identified 4,943 incident patients with uveitis defined as having ≥ 2 ambulatory or non-uveitis individuals. Compared with non-uveitis individuals, patients with uveitis and concomitant medications.

Results: No incident case of CD was identified in uveitis patients and non-uveitis individuals. Compared with non-uveitis individuals, patients with uveitis had significantly higher incidence rates of PsO (IRR, 8.82; 95% CI, 6.80–11.43), CD (IRR, 7.23; 95% CI, 1.21–43.27) and AS (IRR, 171.69; 95% CI, 143.15–205.93). However, after adjusting for potential confounders, uveitis patients had a significantly higher risk of developing PsO and AS, but not CD.

Conclusion: This nationwide, population-based cohort study revealed that uveitis patients had an increased risk of PsO and AS, but not CD.

REFERENCES:

Table 1. The associations between covariates with psoriasis, ankylosing spondylitis, Crohn's disease and traffic accident shown as adjusted hazard ratios with 95% confidence intervals estimated by Cox regression analyses.

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Psoriasis</th>
<th>Ankylosing spondylitis</th>
<th>Crohn's disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uveitis</td>
<td>13.73</td>
<td>232.22 (192.29–273.22)</td>
<td>4.06 (4.46–8.18)</td>
</tr>
<tr>
<td>Age</td>
<td>1.02 (1.01–1.03)</td>
<td>0.96 (0.96–0.96)</td>
<td>0.99 (0.94–1.05)</td>
</tr>
<tr>
<td>Charlson comorbidity index</td>
<td>0.97 (0.85–1.11)</td>
<td>0.56 (0.51–0.62)</td>
<td>1.45 (0.96–2.18)</td>
</tr>
<tr>
<td>Concomitant medication</td>
<td>0.39 (0.24–0.63)</td>
<td>1.32 (1.19–1.47)</td>
<td>0.65 (0.44–1.03)</td>
</tr>
<tr>
<td>DMARD</td>
<td>0.55 (0.17–1.76)</td>
<td>0.29 (0.21–0.40)</td>
<td>5.76 (0.43–77.61)</td>
</tr>
<tr>
<td>Corticosteroid</td>
<td>0.57 (0.43–0.74)</td>
<td>0.55 (0.49–0.60)</td>
<td>2.45 (0.24–24.55)</td>
</tr>
</tbody>
</table>

Acknowledgement: We thank the Biostatistics Task Force of Taichung Veterans General Hospital, Taichung, Taiwan, ROC for statistical support.

Disclosure of Interests: Hsin-Hua Chen Speakers bureau: Johnson & Johnson, Novartis, Pfizer, Abbvie, Roche, UCB, Bristol-Myers Squibb, Chugai, Tsu-Yi Hsieh: None declared, Ching-Heng Lin: None declared, Yi-Ming Chen Grant/research support from: GSK, Pfizer, BMS, Astra & Zeneca, Consultant for: Pfizer, Novartis, Abbvie, Johnson & Johnson, BMS, Roche, Sanofi, MSD, Guigai, Astellas UCB, Immunology, Rheumatology, Department of Internal Medicine, Taichung, Taiwan, Republic of China; Taichung Veterans General Hospital, Department of Medical Education, Taichung, Taiwan, Republic of China; China Medical University Hospital, Rheumatology and Immunology Center, Taichung, Taiwan, Republic of China

Aim: The aim of this study was to evaluate the frequency of multiple myeloma in patients with elevated acute phase reactants and low back pain.

Methods: A 4100 rheumatology patients from rheumatology outpatient clinic are screened retrospective for >50 age, elevated ESR, anemia and back pain or hip pain. 548 patients (312 female and 236 male, mean age: 61 ±6) fulfilled these criteria and these patients are screened with protein electrophoresis for monoclonal gammapathies. If M-spike is seen in protein electrophoresis, patients are evaluated for lambda and kappa chains in serum and urine.

Results: 3 patients were diagnosed for multiple myeloma. All three patients had moderate to severe anemia (Hgb<8 g/dl) and ESR>70 mm/h. Two patients were classified as rheumatoid arthritis and one patient had no inflammatory rheumatological diseases. 7 patients were diagnosed as MGUS and 5 patients from this group is diagnosed as rheumatoid arthritis and 2 patient polymyalgia rheumatica. In MGUS patient group mean ESR level was 44±5 mm/h and mean Hgb level was 10,8±6 g/dl.

Conclusion: We found no increased frequency for MM in rheumatology outpatient clinic. Patients >50 years with high ESR and moderate to severe anemia should be screened with protein electrophoresis for monoclonal gammapathies.

REFERENCES:

Disclosure of Interests: None declared

DO ANTIBODIES DIRECTED AGAINST HUMAN CILIARY BODY TISSUE PREDICT THE DEVELOPMENT OF UVEITIS IN JIA- A PRELIMINARY STUDY

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Background: Eleven -30% of Juvenile Idiopathic arthritis (JIA) children develop uveitis. JIA associated uveitis is completely asymptomatic and thus all children with oligo/extended oligo and polyarticular JIA require regular slit lamp examination by an ophthalmologist- a time consuming and distressing procedure particularly for small children. If not diagnosed early, or inadequately treated, it may lead to glaucoma, cataracts, persistent cystoid macular oedema and ultimately results in visual impairment and blindness. Whilst Anti- nuclear antibody positivity is found more commonly in those with uveitis, it is not sufficiently sensitive or specific as a screening tool. However the presence of these antibodies and the detection of B cells in the inflammatory infiltrate around the ciliary body in JIA Uveitis suggests a significant role for humeral mediated immune dysregulation in the pathogenesis of JIA.

Objectives: 1. Does the serum from Children with JIA associated uveitis contain antibodies directed against the ciliary body tissue of the human eye? 2. Could these be used to identify JIA patients at risk of developing uveitis?

Methods: Whole human globe were formalin fixed paraffin embedded and 4um sections were obtained. Following blocking with Goat sera blocking, GSK, Astra Zeneca, Sanofi, MSD, Guigai, Astellas UCB Thermo Fisher, Kuo-Lung Lai: None declared, Der-Yuan Chen: None declared